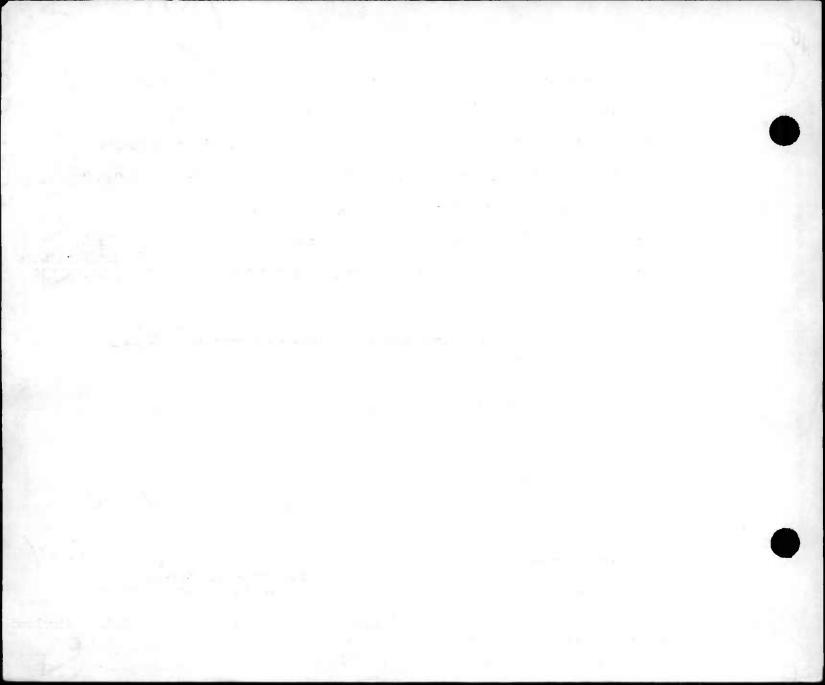
	30	1-	FOR STATE REGISTRAR	DEPARTN	ENT OF HEAL	MARYLAND TH AND MENTAL HYGI TE OF DEATH	ENE 8 4	0.	7819
			CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY Y	ZEAR ZE HOUR
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sign sign to bu	lury.	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NO	I RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PA	ARI IIO
o	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	'AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE I	FINDINGS USED
os be	N 2 O	FIC	THE DATE OF CHARLOTT	The Condition of Miles	O' EKATIOI VII	AO TENI ONNED		IN CERTIFYING CA	AUSES OF DEATH?
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OR A be har DIRE Oched	E	(	22h SIGNATURE	Due S	7 In DEG	REE ATTENDING	MEDICAL STA		DATE SIGNED
			1	/0	111	PHYSICIAN	DIRECTOR PHYSIC	IAN	July 21,1984
HOSPITAL ined by th FUNERAL wild be det h the Stote	- N		22d PHYSICIAN'S NAME (TYPE OR	11	22	e ADDRESS	MD		
TO HO retoine TO Fu should with th	A POR		Jon Lowe,	M.D. /		Annapolis,	MD		
o a o d y s	3	23a E	SURIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d. LOCATION	COUNTY	
BP	10		Burial	July 24,1984 R	idgewoo	d Cemetery	Des Plai	nes	Illinois
DHMH - 16 50M 4/1	93	24. FI	JNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SI	
(VRA 15, 4)	~		James S. Ki	rkley, Glen Bur	nie, MD	JUL	2 4 1984	whis Davidson	-Ambell

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	FOR 1 - STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE É	REG. NO.	1	7 3
	I. DECEASED NAME FIRST	,	MIDDLE	ı	AST	20 DATE O		DAY	YEAR 2b
	Joseph:	ine Ro	se	Arro	owsmith		7	- aq-	84
	3. SEX	4 RACE		5. DATE C		6. AGE IN	YEARS LAST BIRTHDAY)		RIYEAR IF
	Female	Whi	te	12	03 97		86 y	RS MONTHS	DAYS
7	70. BIRTHPLACE   STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	ORE CITY OR COU	INTY OF DE	ATH
	Washington, D.C	. U.S.A	•	WIDOW		Ann	e Arundel	Coun	tv
7	10 CITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL	OCCUPATION	12b.	KIND OF B
	Annapolis		undel Ger		Hospital		rk for most of workt <b>ewife</b>		wn Ho
1	USUAL RESIDENCE IN NURSING HOMI 130. STATE. 136 CC Maryland And 14. FATHER'S NAME ISSAC		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?  YES NO []  15. MOTHER'S MAIDEN NA FIRST  Blanche	1175	ADDRESS / 71P C Goldfine	h Lan	e 21
	160, WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS 1 1	.75 Go	ldfin
	(IF YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	214-74-8	3469	John W. Hei	nicke			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF	e Coupel	Vas	ealer 1	Qui-	APPROXIMA

0		CEASED NAME FIRST OR PRINT)	WIDDLE		.51	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
ep .	3. SEX	Joseph	Ine Rose	Arro Is Date o	wsmith	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR	1
afte	J. 3E			MONTH	DAY YEAR		MONTHS DAYS	HOURS MI
3 1/1	70. BI	Female RTHPLACE ISTATE OR FOREIGN	White 7b. CITIZEN OF WHAT COUNTRY	2 8	03 97	9 BALTIMORE CITY OR	6 YRS COUNTY OF DEATH	
2 #/		Shington. D.C.		MARRIED	NEVER MARRIED		del County	
B 2/0	No.	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME O		12a USUAL OCCUPATIO	ON 12b. KIND	OF BUSINESS (
1 20		napolis	Anne Arundel Ge	neral	Hospital	Housewife	WORKING LIFE) INDUSTRY  Own	
and blue of the proof	130. S Ma	ryland Ani	orother institution give residence before unity 13c CITY OR TON 19 Arundel Miller	WN [	YES 🔀 NO 🗌	13. STREET ADDRESS / 1175 Goldf		21108
2 10/	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	LA	LST.
£ 0800	-	sac	Burtor		Blanche		Ham	
5 09/	16a V	VAS DECEASED EVER IN U.S.	GIVE WAR OR DATEST		17 INFORMANT		S1175 Goldf	
2 1/		NO OR UNKNOWN) (IF YES,	214-74-	8469	John W. Heir	nicke Mille		
yol.		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), a	ind (c).)			APPRO BETWEEN	XIMATE INTERVAL I ONSET AND DEAT
emayal.		PART I. DEATH WAS CAU	IATE CAUSE ID) Come	•				
or to b	o Z	40.7	( Place					
d des on	TIFICA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
ol-transit permit not Hygiene prii	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 216. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
s the burial-transit permit and Mental Hygiene pri ked ar them 18 shaws an	MEDICAL CERTIFICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 218. INJURY OCCURRED  WHILE NOT WHILE	DEATH HOUR A.M. MONTH (	DAY YEAR		YES NO	IN CERTIFYING CAUSE YES  YES (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	S OF DEATH?
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respected for use as the burial-transport of Health and Mental	230 E	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. IN JURY OCCURRED  WHIE NOT WHITE AT WORK  220 I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE  22d. PHYSICIAN'S NAME (IVI  22d. PHYSICIAN'S NAME	21b. TIME OF INJURY HOUR A.M. MONTH INDEX  21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  spital) attended the deceased from an inview the body after death.  DE OR PRINT!  AL 23b DATE  8/1/84  F  Sons  4739  Ball  ADDRESS	DAY YEAR 19 FARM.EIC)  NAME OF CI 't. Lin timore	216 HOW INJURY OCCURION STREET  211 LOCATION STREET  212 ATTENDING PHYSICIAN  222 ADDRESS 100  Anna EMETERY OR CREMATORY COIN Cemetery  Ave.	VES NO RED CENTER NATURE OF INJURY  CITY OR TOW  A 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	in Certifying Cause YES (COUNTY)  COUNTY  Te and hour and from the cand 21401  d P.G.	STATE  STATE  STATE  STATE  STATE  A state  Maryl

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO				EDT

- STATE REGISTRAR		CI	RTIFICATE OF	DEATH	REG. N	10.		ED)	T
DECEASED NAME FIN		ATK	INSON		20 DATE OF DEATH	монтн	DAY YEAR	26 HOU	PM.
Female	4. RACE Whi		Oct 8, 1	908 <sup>YE AR</sup>	6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER	24 HRS MIN.
O. BIRTHPLACE (STATE OR FOREN COUNTRY)  Maryland	Th CITIZEN OF	WHAT COUNTRY? 8.	ARRIED NEVER	MARRIED	9 BALTIMORE CITY	OR COUNT	COUNT		MD.
GLEN BURNIE		HOSPITAL, NURSING H		STITUTION	120 USUAL OCCUPATION OF HOUSEWIF	(1014 Of WORKING L B	17b KIND ( INDUSTRY	OF BUSINE	SS OR
Maryland	COUNTY  AA	GIVE RESIDENCE BEFORE ADM 13t. CITY OR TOWN Severn	13d. INSIDE YES [	NO 💢	13e.STREET ADDRESS			211	44
FATHER'S NAME FIRST Harvey	WIDDLE	Dietz		r's maiden nam	WIDDIE		Pa	almer	1
WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b SOCIAL SECURITY			kinson, Sa		13		
PART 2. OTHER SIGNIFIC	ich of (b)	R AS A CONSEQUENCE	E OF	D TO THE TERMI	NAI DISEASE OR COI	NDITION GI	VEN IN PART 1:	a	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	19b. COND	ITION FOR WHICH OPE	RATION WAS PERF	ORMED	200 AUTOPSY?	IN CERT	S, WERE FINDI IFYING CAUSES ES		TH?
OR CONTRIBUTING	E OF DEATH  KAMINER)  The PLACE (AT HOME, STI  Thospital) ottended the five on did not) view the body  (TYPE OF RINT)  MU, M. D.	M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM. e deceosed from ofter deoth.	YEAR 19 211 LOCAT STRE  Ond that in (m)  DEG EE  22e ADDRI  G	ON 19 PK  () (our) opinion d  PHYSICIAN PHYSIC	POIRECTOR PHYS OAKWOOD IE, MARYLA	own  dote and ha	ur ond from the	that (1) (v	
Burial, CREMATION, REA	July	1	e of cemetery of		23d LOCATION CITY OR TOWN	rnie	COUNTA	Ń	JOE DE

DHMH - 16 50M 4/83

BP.

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filler with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, th

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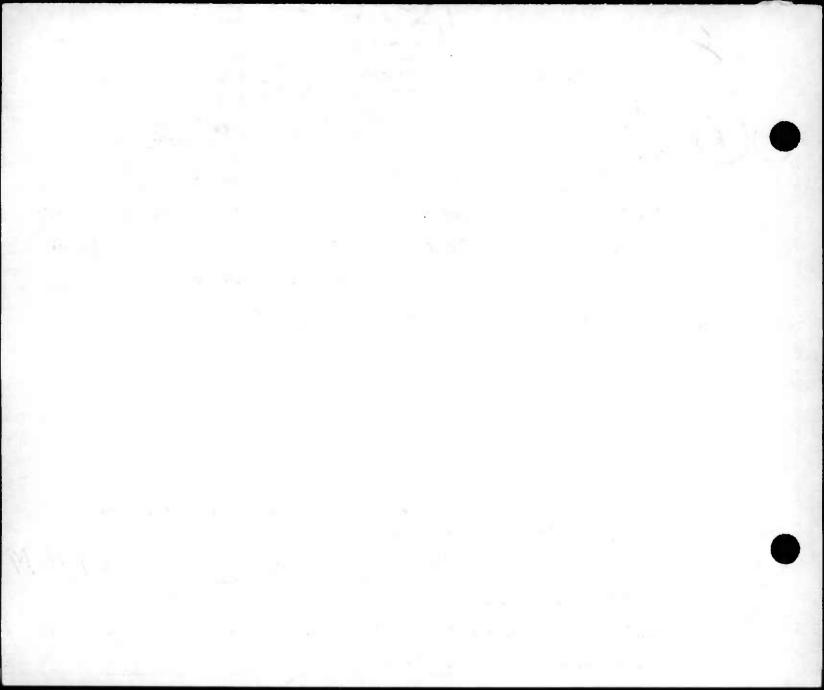
24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD (VRA 15, 4)

FOR

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250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUL 10 1984 Lavidon-Rondale



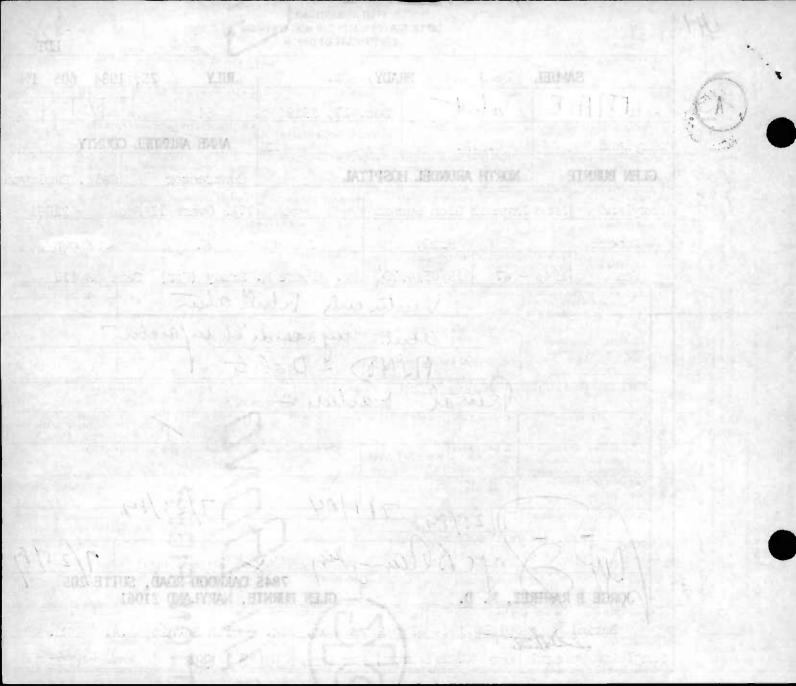
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7 10		REGISTRAR				CER	TIFICATE (	OF DEATH		REG	. NO.		ED	T
115		EASED NAME	FIRST	10000	WIDDLE	-5478	LAST		2	O. DATE OF DEATH	HINOM	DAY YEAR	2h HOU	JR
	,,,,,,	OR PRINT)	SAMUEL	Jack	son	BRAD'	Y, Sr.			JULY	25,	1984	605	PMm
1	1. SEX			4. RACE			TE OF BIRTH	Y YEAR	6	AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS		R 74 HRS
1	1	Male		White	e		ec. 27,			64	YRS		, COKS	m.n.c
101		THPLACE (STATE	OFFORIOR	76 CITIZEN OF	WHAT COU	VTRY? 8	DDIED   NEV	ER MARRIED	7	BALTIMORE CIT	Y OR COUNT	Y OF DEATH	70/10	diam'r.
27		ryland		U.S	.A.		OWED [	DIVORCED 2		- ANNE A	ARUNDEL	COUNTY	7	MD.
211	PLCIT	Y OR TOWN OF	DEATH	11. NAME OF			ME OR OTHER	INSTITUTION		20 USUAL OCCUP			OF BUSIN	ESSOR
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100	FA	THER'S NAME		MIDDLE	LA:	51	15 MOTI	TER'S MAIDEN	NAME	MIDDL	F		AST	1111111
240	/	Robert		MIDDLE	Brad	-		Ida		K.	it.		tney	
9.4		AS DECEASED E		RMED FORCES?	166 SOCIAL	SECURITY N	O. 17 INFO	RMANT		AD	DRESS			
17	(4)	Yes		- 47	219/0	5/4973	Mr.	Albert	M.	Brady (S	Son) S	ame as	#13	
41		18. CAUSE OF D	EATH (Enter o	nly one couse pe	r line for (a),	(b), and ic		-	1 1	00 - 0 -			NONSET AND	PVAL
ven		PART I. DEAT	H WAS CAUSI	ED BY: TE CAUSE (0)		rente	~ cul	, Iv	hu	a alu				
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roth r		underlying co	ouse last.	1		RITI	0)	- 100	in	25 1				
0,7		PART 2 OTHER	SIGNIFICANT	CONDITIONS	ONTRIBUTA	G TO DEATH	BUT NOT DEL	ATED TO THE T	TERMIN	AL DISEASE OR C	ONDITION GI	VEN IN PART	10	
2 .i.	CERTIFICATION			Vu	max	0~	-aili	us -	_					
no no	CAI	19a DATE OF OP	ERATION	196. CONE	DITION FOR V	VHICH OPERA	ATION WAS PE	RFORMED		200 AUTOPSY?		S, WERE FIND		
1	RTIF							200		YES NO		ES 🗌	NO [	
8 8		?1a. ACCIDENT WA		1 110110 4	OF INJURY	H DAY YI	AR ZIC HO	W INJURY OC	CURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART ( OR PART 2)		
E	MEDICAL	(IF EITHER, NOTIFY	MEDICAL EXAMINE	R) F	P.M.		19	TEMPS.						
ŏ	WED	21d. INJURY OCC	URRED	21e PLACE (AT HOME, S	OF INJURY	OFFICE, FARM, ETC	21f LOC	ATION		cmp	и почти	count		STATE
100		NI MORY TO Y	72-11	1		-	11/18	4		7/	25/8	4		
9 6		270.1 certify the	1	111 /	In Jung of	yam	1.1.	/ 19			21/4		, that (I) (	
20 6		introver, (I) for	edeed alive or did: (did	t new ye bod	y after death.	10		my) (our) opir	nion de	oth occurred on th	ie dote and ho	ur and from th	e couses st	oted
3.60		THE SIGNATURE	10	1/	. 1	6/1	DEGREE	TTENDIN	10	MEDICAL S	STAFF	124. DAT	3 1	1 Pm
5 5		/ IV	_	XM	(1)	V Cler		PHYSICIAL	ND	ORECTOR   PHY	YSICIAN 🗌	1	120	1.1
1 2		THE PHONE MAN	S NAME ITTE	ant 1			(124. ADI	· 78	845	OAKWOOD	ROAD,	SUITE /	205	1
8		) JORGE	B RAME	REZ, M.	D.		G	LEN BUI	RNII	E. MARYLA	ND 210	61		- 32
24		PRIAL, CREMATI	ON, REMOVAL					OR CREMATO		23d LOCATION	N	COUNTY		STATE
		Buri	-	Jul_30	0,1984	Glen I	laven M	em. Pr	k.	Glen Bu		A.A.	Md.	
4/83		NERAL DIRECTO	700	retto "			The Conference	25 ay	DATE	REC'D. BY REGISTE	1 4 1			ď
)	SI	ngTëton	F'unera	1 Home	Glen	Burnie	, Mary]	and J	JUL	3 1 1984	int	Tavidson-1	Janaab	-

Glen Burnie, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

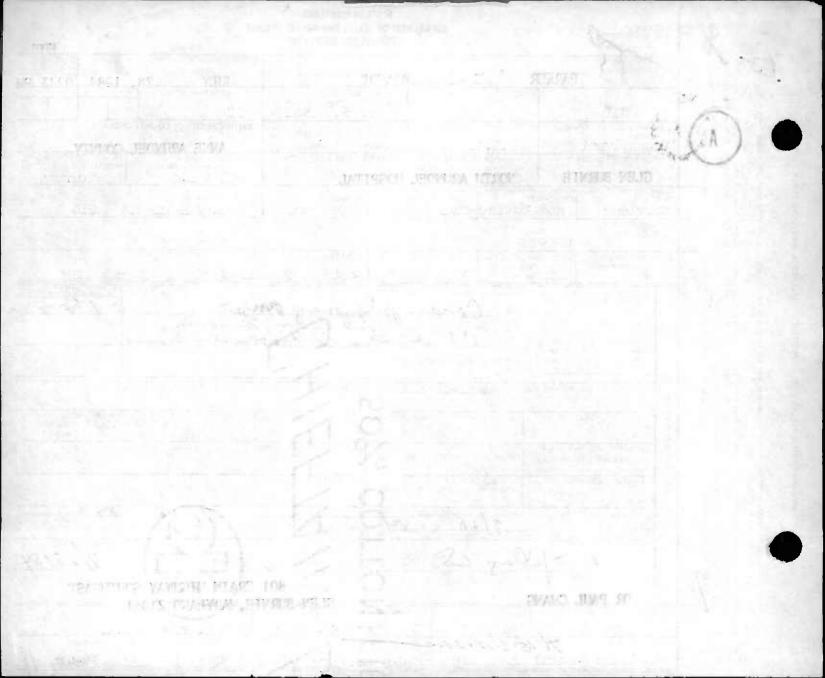
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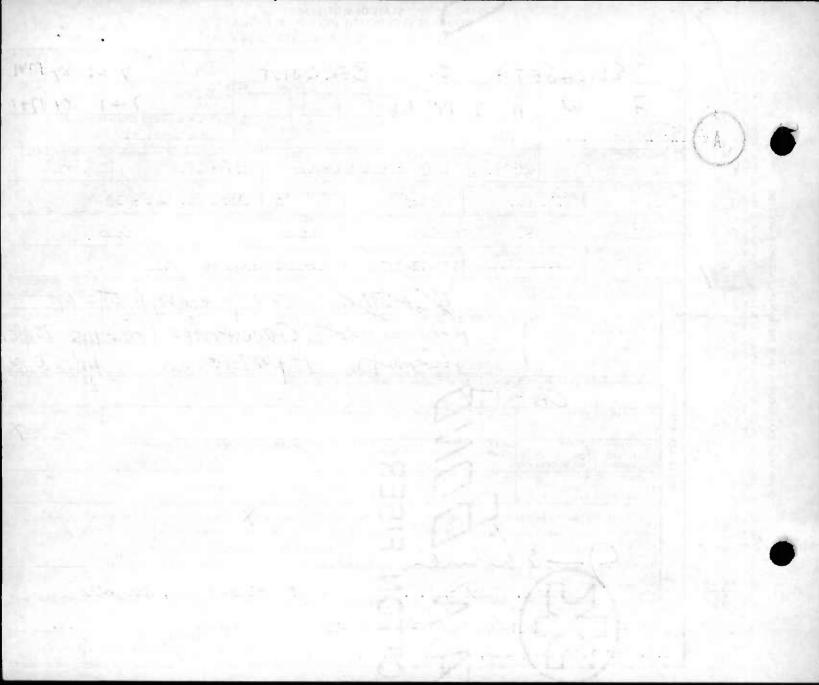
	FOR - STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	REG. NO	D. MONTH DAY	YEAR	EDT
	ECEASED NAME PE OR PRINT)	FIRST				(ASI	20. DATE OF DEATH	MONIN DAT	TEAR	2b. HOUR
		PARKER		eveland			ЛПХ		1984 NDER I YEAR	0223 DM
3. SE		4. 6	RACE		S. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONT		HOURS MIN.
2	Male		Whi		Apr	. 5, 1885	99	YRS.	DEATH	
76. 8	BIRTHPLACE (STATE ORFO	OREIGN 7b.		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	K COUNTY OF	DEATH	
	ennsylvania		U.S.A		WIDOWE		ANNE A		COUNT	F BUSINESS OR
10 0	ITY OR TOWN OF DEA			H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	NDUSTRY	
	GLEN BURNI			I ARUNDEL		ITAL	Tool & Die	2	Mach:	inery
13a.	JAL RESIDENCE (IF NURSII STATE aryland	13P COUNTA		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen Bu:	N.	13d. INSIDE CITY LIMITS? YES NO 🛣	138. STREET ADDRESS  1 Hughes	Circle	21	061
14. F	ATHER'S NAME FIRST	UNKNOW		LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE UNKNO	OWN	LAS	1
	WAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
1	NO OR UNKNOWN)	None None	AR OR DATES)	212.10.7	226	Scott E. Pres	ston (Friend	3) Same	e as	13
	18 CAUSE OF DEATH	H (Enter only o	one couse per	line for (o), (b), on	d (c).				BETWEEN	MATE INTERVAL
	underlying couse		DUE TO, O	R AS A CONSEQUE	ENCE OF					
NOIL	PART 2. OTHER SIGN	NIFICANT COM				I NOT RELATED TO THE TERM				
TIFICATION		NIFICANT COM	NDITIONS <u>C</u>			NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED
CAL CERTIFICATION	PART 2. OTHER SIGN	NIFICANT CON	19b. COND 21b. TIME O HOUR A.	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2. OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING C	DERLYING	19b. COND  21b. TIME O HOUR A. P. 21e. PLACE	ITION FOR WHICH  OF INJURY  M. MONTH D  M.	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES RYINITEM 18. PART 1	ERE FINDING CAUSES	GS USED OF DEATH?
	PART 2. OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC  21d. INJURY OCCURR WHILE NOT WH	DERLYING	19b. COND  21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 FARM, ETC )	216. HOW INJURY OCCURI	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WIN CERTIFYIN YES THE PART I	G CAUSES  OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE
	PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	DERLYING	19b. COND  21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 FARM, ETC )	21c. HOW INJURY OCCURI 21f. LOCATION STREET  , 19  Ind that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI  CITY OR TO  deoth occurred on the do	20b. IF YES, WIN CERTIFYIN YES THE PART IN THE MILE PART IN THE PA	G CAUSES  OR PART 2)  COUNTY	NGS USED OF DEATH? NO STATE  that (I) (we) lost couses stated
	PART 2. OTHER SIGN  196. DATE OF OPERAT  216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	DERLYING	19b. COND  21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 FARM, ETC )	216. HOW INJURY OCCURI  216. LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  228. ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI  CITY OR TO  deoth occurred on the do	20b. IF YES, WIN CERTIFYIN YES CAN INTERNIS PART I	COUNTY  d from the	STATE  that (I) (we) lost couses stated  SIGNED
MEDICAL	PART 2. OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	DERLYING CAUSE OF DEATH ALL EXAMINER) RED (this hospital) addition only AME (Type or PR	19b. COND  21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	ITION FOR WHICH  OF INJURY  M. MONTH D.  M. OF INJURY  REEL, FACTORY, OFFICE, F  ofter deoth.	OPERATIO  AY YEAR  19  FARM, EIC)	216. HOW INJURY OCCURI  216. LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  228. ADDRESS	ZOB AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the do  MEDICAL PHYSIC	20b. IF YES, WIN CERTIFYIN YES CAN IN THE MIS PART I	COUNTY  COUNTY  Ad from the  22c. DATE	STATE  that (I) (we) lost couses stated  SYGNED  STATE
MEDICAL	PART 2. OTHER SIGN  196. DATE OF OPERAT  216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLUMN  216. INJURY OCCURR AT WORK NOT WHAT WORK AT WORK  226. I certify that (I) SOW the decease obove. (I) (we) (d)  226. SIGN ATURE  226. PHYSICIAN'S NA	DERLYING	19b. COND  21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STILL iew the body)	ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  REEL FACTORY, OFFICE, F  ofter deoth.  19  23c. 1	OPERATIO  AY YEAR  19  FARM, ETC.)	216. HOW INJURY OCCURION STREET  216. LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 228. ADDRESS  80.1	ZOB AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the do  MEDICAL PHYSIC	20b. IF YES, WIN CERTIFYIN YES CAN SHEET IN PART IN 18 PART IN 19	COUNTY  d from the	STATE  that (I) (we) lost couses stated  SIGNED
230.	PART 2. OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	DERLYING	19b. COND  21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI iew the body)  23b. DATE  Jul 31	ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  REEL FACTORY, OFFICE, F  ofter deoth.  19  123. 1  1,1984 G1	OPERATION  AY YEAR  19  FARM.EIC)  NAME OF C	216. HOW INJURY OCCURION STREET  216. LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [CIEN BID]  228. ADDRESS  80.1  CEMETERY OF CREMATORY  Ven Mem Park  25a DAT	ZÓB AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STAI  DIRECTOR PHYSIC  CRAIN HIGH  CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES TO THE PART IN THE PART	COUNTY  COUNTY  d from the  22c. DATE  THEAS	STATE  that (I) (we) lost couses stated  SGNED  STATE  STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND



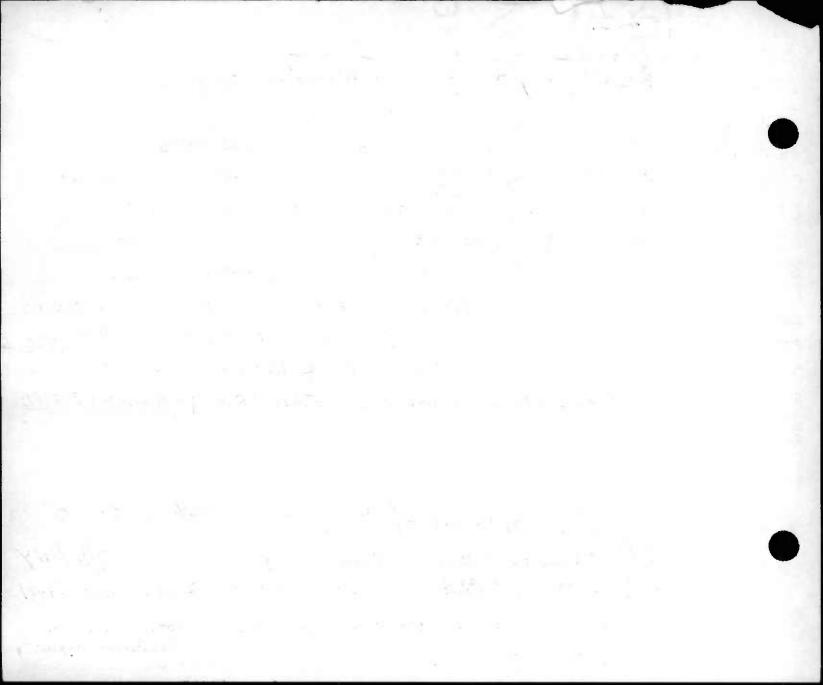
	S	TATE OF	MARY	AND		
DEP	ARTMENT				HYGIENE	
	CEI	RTIFICA	TE OF	DEATH		

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		200			

- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.					
1. DECEASED NAME LAS THE		MIDDLE	HIST LIRST		DAY YEAR 26 HOUR				
BERTLIN	G. WI	RZESINSK	KATHERINE	July 16, 1984	9:30 &				
1. 5EX	T-9ACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR   IF UNDER 24 MRS.				
Female	White	June	17, 1914 YEAR	70 yrs	MONTHS DATS HOURS MIN.				
IL BIRTHPLACE (STATE OF TOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	OF DEATH				
Maryland	U.S.A	WIDOW		Anne Arundel	MD				
18. CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME	AE OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF B						
Glen Burnie	3 Bir	nkey Rd.		Clerk	Retired				
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUN	OTHER INSTITUTION.			13e STREET ADDRESS / ZIP CODE					
MD. A.		Glen Burnie	YES NO XX	3 Binkey Ave.	21061				
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST				
Walter		rzesiński	Catherine		rash				
160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS					
no (FFES, ON	E WAR OR DATES!	218-14-3617	William J.	Bertling same	as 13				
18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and (c),)		A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	RESPIRA	TORY	TAREST	- 2 MINUTEP				
	DUE TO, O	R AS A CONSEQUENCE OF	0 . 0	20 0 0	2 .				
Conditions, if ony, which	(b)	CNA	VIIre	MAKEST	7 WINNING				
gave rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUENCE OF	1 2 . 1 . 14	V-ADD - in/	(LA)				
underlying couse lost.	(c)	MYOCA	RDIAC IN	PARCHON	7 MINUTES				
PART 2 OTHER SIGNIFICANT CONGES	TIVE	DNTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	IMA PECTORIS				
TO DE CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTHEY MEDICAL EXAMINE)  21d. IN JURY OCCURRED	196 CONDI	TION FOR WHICH OPERATION		20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?				
FIE					S NO				
210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)				
OR CONTRIBUTING CAUSE OF DEA	ATRI								
21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE				
X WHILE ☐ NOT WHILE ☐		4.4							
220.1 certify that (1) (this hasp	ital) attended th	e deceased from	HRCH 19 2 2	to TULY	19 that (I) (we) lost				
saw the deceased also as above, (1) [see did] (did no	view the bady	alter death.	and that in my (our) opinion	death occurred on the date and hou					
ZIA SHERVATURE	24.45 () 1.40	114	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED				
My Janu	MEHI	av 1	PHYSICIAN [	DIRECTOR PHYSICIAN	1/16/110/				
QD S MM	FRM.	AM	200 HOSI	9, TAL DRIVE (	CON.B. 21061				
230 BURIAL, CREMATION, REMOVAL	23b. DATE	73c NAME OF	CEMETERY OR CREMATORY	73d LOCATION	COUNTY STATE				
Burial	19 Jul	y 84 Glen H	laven Memorial	Pk. Glen Burni	e A.A. MD.				
74. FUNERAL DIRECTOR		ADDRESS	75e. DAT	E REC'D. BY REGISTRAR 7.6. PEGIS	RAR'S SIGNATURE				
James S. Kirkle	y Glen	Burnie MD.	JU	[181984 June					

DHMH - 16 50M 4/83 (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY	GIENE O 4	1 /	0	dia 6
CERTIFICATE OF DEATH	REG. N			
LASI	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
Dia		rest to 2	Oil.	100

-	1-	FOR STATE REGISTRAR		DEPARTA			IND MENTAL HYG OF DEATH		G. NO.	-		dina	
		CEASED NAME FIRST OR PRINTING BENJAMI		MIDDLE	BIAK	ASI CE	Jr.	20. DATE OF DEAT	7 - :	3 <i>i</i> -	84	26 HOU	JR - M
	3 SEX	Male	A RACE BLACK		5. DATE C	F BIRTH	15 1910	6 AGE (IN YEARS LA		MONTH	DER I YEAR	IF UNDER	24 HRS MINL
1		RTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI WIDOWE		VER MARRIED DIVORCED	9 BALTIMORE CI	YRS TY <u>OR</u> COUN ARUNDEL	TY OF D			MD.
	10 CI	ANNAPOLIS	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, ARUNDEL G	IG HOME C	ROTHER	INSTITUTION	12a USUAL OCCU {TYPE OF WORK FOR M			b. KIND O IDUSTRY	F BUS IN	
		AL RESIDENCE (IF NURSING HOME O TATE 13b. COU ARYLAND	NTY	GIVE RESIDENCE BEFORE	ADMISSION)	YES [	·	906 Baya	ess / zip co rd Rd .	DE	30	07	11
	14. FA	THER'S NAME BENJAMIN	WIDDLE	BLÄKE,	Sr.		HER'S MAIDEN NA ARY	MIDE			inel'L		
	16s W	VAS DECEASED EVER IN U.S. AI	RMED FORCES? IVE WAR OR DATES)	217-18-2			RENCE BLA	KE 906 Ba	<sup>DDRESS</sup> Lot lyard R		, Md	. 20	711
	NO	PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, O	PR AS A CONSEQUE	ENCE OF	NOTREL	ATED TO THE TERM			GIVEN IN	PART 110	0	
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS P	ERFORMED	200 AUTOPSY?	IN CER		RE FINDING CAUSES		TH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY .m. month da .m.	AY YEAR	21c HO	W INJURY OCCUR	RED (ENTER NATURE O	F INSURY IN ITEM 1	8 PART I C	OR PART ?)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE, F	ARM ETC )		CATION STREET	CITY	OR TOWN	C	OUNTY		STATE
		220.1 certify that (I) this hosp sow the deceased alive or obove, (I) (we) (did no	7	/3/ 19	\$4 , or	nd that in	(my) (our) opinion	death occurred on t	he dote and h	_, 19 our and		couses ste	
		226 SIGNATURE	lakes	/.		DEGREE		DIRECTOR   PH	STAFF HYSICIAN []		22c. DATE	SIGNED	54
		22d. PHYSICIAN'S NAME LIVE	ORPRINTI OLASI	lese i	MD	22e AD	_	VA Ret	ANNI	POL	15/	MD	
	23a B	URIAL, CREMATION, REMOVA	L 23b DATE	23c N	NAME OF C	EMETERY	OR CREMATORY	23d LOCATION					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

any siury, or other troumotic event, the

MPORTANT: If Hem 21 is marked or Hem. I sho

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL

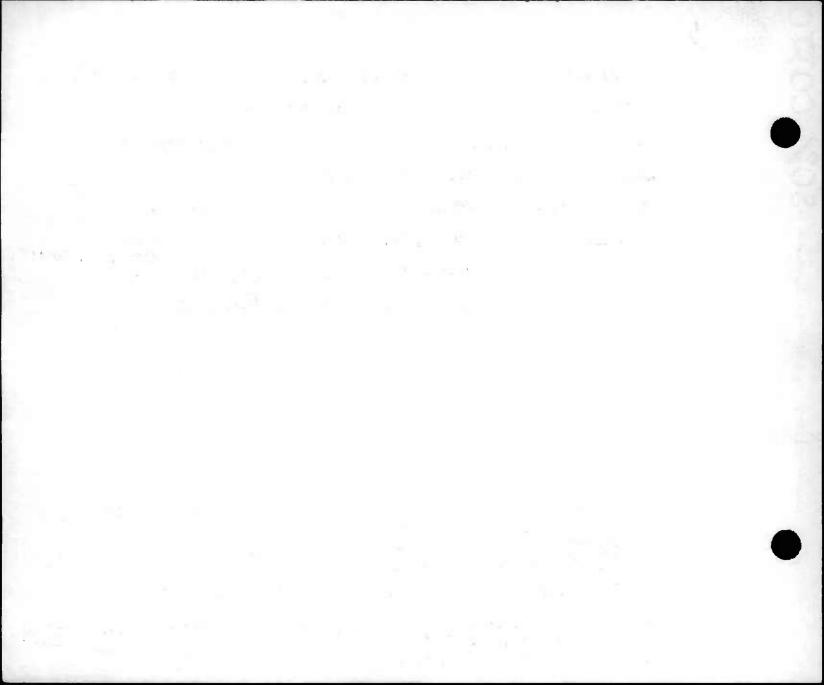
ADAMS U.M. CHURCH

Lothian

COUNTY

8-4-1984 ADAM RECTOR ANNAPOLIS, Md. 21401 REESE & SONS MORTUARY, P.A. 24 FUNERAL DIRECTOR
WILLIAM REE

BY REGISTRAR 256 REGISTRAR'S SIGNATION 1984



X				STATE OF MARYLAND	9 4	7821
	1-	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH		
		REGISTRAR			REG. NO.	
÷ 3		CEASED NAME FIRST	Burnosh	ROESSIER	20. DATE OF DEATH MONTH	21 84 40 M
1000	3. SE	MINH	14. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
The state of	3. SE	Female	white	MONTH 24- 99	85 YR	MONTHS DAYS HOURS MIN.
a Mag	7a BI	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
1	12	ANSAS	1 U.S.H	WIDOWED DIVORCED	H.H. (	_O . MD
25 300	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	CIFE INDUSTRY
F 6/2	2	EVERNA IPK.	1811 DIA	IDING Ka.	I HOUSEMI	tel a nom
filled in ould be	13a. S	AL RESIDENCE (IF NURSING HOME	JATY A 13 CITY OR	BEFORE ADMISSION) TOWN PK 13d. INSIDE CITY LIMITS? RUA PK YES NO DV	130. STREET ADDRESS	WIDING Pd.
2 sho	14. FA	THER'S NAME		15. MOTHER'S MAIDEN N		
ond ond	1	RICHARD	Bur	aess sara	MIDDLE	Baileu
Pages 1	16a V	VAS DECEASED EVER IN U.S. A LES. NO OR UNKNOWN) (IF YES, C	ARMED FORCES? IN SOCIAL SOCIAL SOCIAL SOCIAL	68 6092 BEVER	111 B EDAN	VENFIE HI
the n		LA CAUSE OF DEATH .S	3070		19 2.12.19	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pop novo		PART I. DEATH WAS CAU		piraton arre	5/2	BETWEEN ONSET AND DEATH
ng p	30	IMMEDI	ATE CAUSE (a)			
e co an, o		Condition it and bit	DUE TO, OR AS A CONS	EQUENCOF		
may notic trou		Conditions, if any, which gave rise to immediate	(b)	12		
by the		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF		
o rio		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(p)
Then p to bu	Z	Cerub	. /	4		
prior ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
	Ē				YES NO NO	RTIFYING CAUSES OF DEATH?  YES \( \sum \) NO \( \sum \)
cote hos ronsit pe Hygiene 18 shews	ER.	21a. ACCIDENT WAS UNDERLYING			JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
生立ると		OR CONTRIBUTING CAUSE OF E		DAY YEAR		
S X Q	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
as the th and arked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM ETC ) STREET	CILYORIOWN	COUNTY
alth mort			ipital) attended the deceased f	rom Level 1077	10 904/21	19 87 , that (I) (we) lost
T is		saw the deceased alive	on Jaca		on death occurred on the date and	
DIRECTO ached for Dept. of if hem 21		obave, (1) (we) (did) (did 22b. SIGNATURE	nat) view the bady after death.	DEGREE	/	22c. DATE SIGNED
	V		1160	MALO ATTENDING	MEDICAL STAFF	17/22/84
Zoge	1	22d, PHYSICIAN'S NAME (TYP	the relative	PHYSICIAN  220 ADDRESS	DIRECTOR   PHYSICIAN	1110-11
ORT PER		C. Richard	Fravel	2 E Cha	isu St Ballin	m, pd 2/202
O W W		BURIAL CREMATION, REMOV	AL 236. DATE	234 NAME OF CEMETERY OR CREMATORY	23d LOCATION POT	TAWATOMIE BIALE
P		Dulla	17/75/84	warrego City (+	om, warne	to KANSF
- 16 50M 4/82	24 F	UNIT DIRECTOR D	ADD	of S. 250. D	ATE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
/RA 15, 4)	1	Hud & Da	unico x	sculine of his	25 Nos Galian	herden Handalla
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fishould be detached for use as the build-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT; If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical

## STATE OF MARYLAND DEP

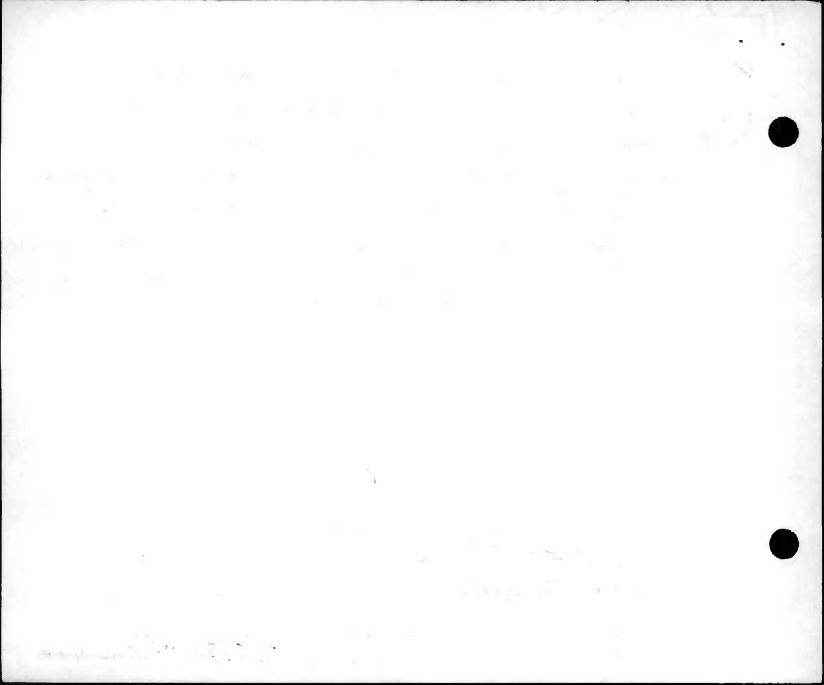
FOR

ARTMENT	OF	HEALTI	H AND	MENTAL	HYGIENE
CE	RTI	FICAT	E OF	DEATH	

I	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEAT	H		REG. NO	).			
ľ	1. DEC	CEASED NAME	FIRST		MIDDLE	,	LAST	- 1	20. DATE OF		HINOM	DAY YEAR	26 HOUR	
l	(1111)	Carl		Coleman	Br	own		i	July	6, 19	184		,	M
ľ	3. SEX	(		4. RACE		5. DATE O			6 AGE (IN Y	EARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	_
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ı	7a. 81F	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARR	"ED []	9 BALTIMO	RE CITY OF		Y OF DEATH		_
I	C	Tenn		USA		WIDOWE			AACo				M	D.
Ť	10 CF	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTI	ION	12a USUAL C	OCCUPATIO	N	126 KIND C	OF BUSINESS OF	?
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	Jan	nes Andre	ew	Brown	LAST		Annie			MIDDLE	Ма	nies	Τέ	
t	16a V	VAS DECEASED EVER	IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT			ADDRES				_
ı	,	(ES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	213 07 0	850	Barbara	Sembl	V	# 2	13			
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ı		couse (a), stating underlying couse		DUE TO, O	r as a consequi	ENCE OF								
ı		PART 2 OTHER SIGN	NIEIC ANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT BELATED TO 1	HE TERMI	NAI DISEASI	E OR CONE	DITION GI	VEN IN PART 1/	O.	=
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DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital ar attending physician.



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR FIRST 20 DATE OF DEATH 26. HOUR I. DECEASED NAME MIDDLE YEAR LIVEE OR PRINTS BERTIE GUSTAVUS 4. RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH 89 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Anne Arundel Maryland WIDOWED DIVORCED MD 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Crofton Convelescent Center Housewife GIVE RESIDENCE BEFORE ADMISSION OUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Talbot Claiborne Marvland NO Cour 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST George Brister Sinclair Mary Anna Gaines ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) IVES NO OR UNKNOWN 212-74-6899 MANE Joshua Bullen. Stevensville, MD 21666 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO [ YES T

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHY MEDICAL EXAMINER P.M. 19 211 LOCATION 214. INJURY OCCURRED 210. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. | certify that (I) (this harpital) ottended the deceased from

sow the deceased alive on\_ 29 \_, and that in (my) (\*\*\*) opinion death occurred on the date and hour and from the causes stated above, (1) (wa) (did) (did not) view the badylafter death

STREET

226 SIGNATURE DEGREE 224 DATE SIGNED EDICAL STAFF ATTENDING

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

27a ADDRESS

PHYSICIAN

COUNTY

STATE

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY Woodlawn Cemetary

23d. LOCATION CITY OR TOWN

Easton

DIRECTOR PHYSICIAN

Talbot

Burial 24 FUNERAL DIRECTOR

Tom Helfenbein Funeral Home, Chester, MD

08/01/84

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SI ha Dayrdson

CITY OF TOWN

DHMH - 16 50M 4/B2 (VRA 15, 4)

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ter death Bage 4 me te funeral girector, p within 72 hours ofter fied at once.		RTHPLACE (STATE OR FOREIGN OUNTRY) New Jersey	76 CITIZEN OF WHAT COUNTRY?	MARRIED W NEVER MARRIED WIDOWED DIVORCED	Anne Arundel	County MD.
by the		Annapolis	Anne Arundel G	en. Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	126, KIND OF BUSINESS OR INDUSTRY
hin 24 hau sly filled in should be	130 S	RESIDENCE (IF NURSING HOME OR TATE 13b COUNTY)  THER'S NAME		N 138. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 1064 Omar Drive	21032
complete 1 and 2		Guiseppe VAS DECEASED EVER IN U.S. AR	Palumbo MED FORCES? 166 SOCIAL SECU	Diadora	WIDDLE	anelli
n and c Pages			157-20-		ond Byrnes - Same	as #13
equires that the death certificate in signed by the attending physic. Then please remave corbangop or to burial, cremation, or removal injury, or other troumatic event, t	NOI	PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	f lung ENCE OF	rminal disease or condition give	
IN. The law re hysician. icate hos beer transit permit. Hygiene prior 48 shows ony i	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
G PHYSICIAN. The strending physicial er this certificate I the buriotronsit ond Mentol Hyboicked octem 18 should be seen of them 18 should be seen or the se	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- LIFETTHER NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED		AY YEAR 19 211. LOCATION	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE
ATTENDINI ospitol or c ECTOR: Aft d for use os it of Health m 21 is mor	,	saw the deceased alive on	tal) attended the deceosed from _ 19	1983 19, and that in (my) (aur) opinio	n death occurred on the date and hau	9, that (I) (we) last and from the causes stated
HOSPITAL O		Taly DE	Valtum de	ATTENDING PHYSICIANS  72e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/11/84
D		URIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 23c P	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	NAME Anatomy Boa	ADDRESS	Balto., Md.	ATEREC D. BY 1984 AR 256 REGISTA	and Mandall in

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TO FUNERAL DIRECTOR. After this send core has been signed by the offending physicion and co has labeled by detaching for use on the burnel strains against. Then please remove carbon papers. Pages 1 with the State Dept. or Health and Mental Hygens prior to burnel, cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1'	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0
1. DEG	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
(TYPE	Ma V (1	Elizabeth	Ch- showing	7- 2	6-1984 179
3. SE	x	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
	Female	Black	10 - 1-1896	87	YRS.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	19 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH
	corgia	U.S.	WIDOWED DIVORCED	ANNE Ar	undel Co. M
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	
CI	rownsville	Fairfield A	runde/ Nursin	4 - 1 21	omemater
	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS	ZIP CODE SILOSI
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14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
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	Conditions, if ony, which	( 16) Borte	c mastriere	dy	J.
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	underlying couse lost.	" athi	voluble		100
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
O N	Cereho	Infurtin			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
E	The state of the s			YES NO	YES NO
l H	210 ACCIDENT WAS UNDERLYING	THOUSE A ME MONITHE	DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM IS PART I OR PART 2)
1 N	OR CONTRIBUTING CAUSE OF DE	210	19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TO	OWN COUNTY STATE
>	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFICE	TARM EIC)	-/2	
	22a I certify that (I) (this hosp	ital) attended the deceased from	19 7/2	, 10 // 6	. 19 1, that (1) [we) lo
	sow the deceased alive or	of View the body ofter death,	ond that in (my) (our) opinio	n death occurred on the d	ote and hour and from the causes stated
	226. SIGNATURE	1.	DEGREE	*	274 DATE SIGNED
	Joeth 11	+Mind	MA ATTENDING PHYSICIAN	MEDICAL STA	
	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	J	A / 1
	Tosenh	Friend MT	205 No	19ely Ar	e musulis u
73a. E	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	
	(SPECIFY) Run 7/	7-31-84 F	Paplacen Man P	AL CITY OR TOWN	Les D'A KIL
24. FI	UNERAL DIRECTOR	1/2/01/1	250. D.	ATE REC'D. BY REGISTRAR	25 PRIGIST KARS INGNATION
0	NAME	ADDRESS	Sales MI A	UG 1 1984	25 PRIGIST ARS LIGHT TO THE LAND THE PARTY OF THE PARTY O
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10	1 -	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. NO.	1 / 0 9	FOT
		EASED NAME FIRST PURCHASED PRINTS	n	MIDDLE	TIRCH	AST	20. DATE OF DEATH MON	28 1984 23	HOUR
	3. SEX		4 RACE				6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER TYEAR IF U	NDER 24 HRS
		Female	Whit	e	May	27, 1938 YEAR	46	YRS DAYS HOL	URS MIN.
35	(	THPLACE (STATE OR FOREIGN OUNTRY)  Maryland	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO	DEL COUNTY	M
54	10 CI	Y OR TOWN OF DEATH				DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	ORKING L#E) 12% KIND OF BUSING L#E) OWN HO	
35	Ha. S			GIVE RESIDENCE BEFORE  132 CITY OR TOWN  Glen Bur	N .	134 INSIDE CITY LIMITS?		rcode ise Lane 2106	51
1			middle illiam	Fenwick		15. MOTHER'S MAIDEN NA	MIDDLE	Elliott	
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vent, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per ISED BY. IATE CAUSE (o)	Byonch	OPNE	umonia		APPROXIMATE BETWEEN ONSET	AND DEATH
or other traumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, O  (b)  DUE TO, O  (c)	DUE TO, OR AS A CONSEQUENCE OF Largingeal Carainoma  DUE TO, OR AS A CONSEQUENCE OF  (c)					n
injury,	NO	PART 2 OTHER SIGNIFICAN	e head	ache	DE ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART I (0	
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IB. IF YES, WERE FINDINGS I I CERTIFYING CAUSES OF D YES \( \)	
Item 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	OF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HEM 18 PART I ORPART 2)	
orked or It	MEDICAL	21d. INJURY OCCURRED  WHILE OF WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo		220.1 certify that (I) (this has sow the deceased alive above, (1) (we) (did) (did	on /-2	7	4.0	nd that in (my) (our) opinion	death occurred on the date of		(I) (we) lo es stated
		22b. SIGNATURE	To the wine body	d		DEGREE		22c DATE SIGN	VED
ANT: If Item		220. SIGNATURE	N	Hon		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-28-	8/2

STATE OF MARYLAND

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR James S. Kirkley

Burial

Glen Burnie MD.

30 July 84

23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Pk. MD. Glen Burnie

23d LOCATION CITY OR TOWN

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	- 1		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			EST
			EASED NAME	FIRST		MIDDLE		AST		20. DATE O	FDEATH M	ONTH D	AY YEAR	26 HOUR
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Po , po		3. SEX			4 RACE		5. DATE C			6. AGE (IN	EARS LAST BIRTH		FUNDER TYEAR	
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death. Page funeral direct hin 72 hours	6/1	7s. Bi	THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.				RE CITY OR		OF DEATH	
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103	20	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NAA	ΛE	WIDDLE			AST
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опро	event,		PART I. DEATH W		E CAUSE (0)	Brown	me	artas	N				2	mort
corba	ofic				DUE TO, C	R AS A CONSEQU	ENCE OF	.0					24	10
afte	50		Canditions, if any,		(b)	Lung	can	er					129	15
remo	ather traumatic		cause (a), statin	g the	DUE TO, O	R AS A CONSEQU	ENCE OF							
d by leose ral, c	or of		underlying couse		(c)								<u> </u>	
00 -	nlury, c	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS	ONTRIBUTING TO	7. //		ED TO THE TERMI	INAL DISEAS	E OR COND	ITION GIVE	N IN PART 1	la,
		TIO		MIC	Obstr	vulve p		man		ase	20572	MAL HE VEC	WERE FIND	ALOS USED
permit.	Ne ou	CERTIFICATION	19a DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	OKWED	20a AUT	1/	IN CERTIFY	ING CAUSE	S OF DEATH?
	5	FRT	21a. ACCIDENT WAS UNE	SERIVING F	21b TIME C	DE INTHIBY		121, HOW	INJURY OCCURR	YES [	NO	YES		ио 🗌
	E 4		OR CONTRIBUTING	_	110110 4	M. MONTH D	AY YEAR	216 HOW	INJURI OCCURR	CD (ENTERN.	ATURE OF INJURY	IN IIEM IS PA	RI I OKPARI 2)	
e i i e	£ /	ICA	(IF EITHER NOTIFY MEDI			.M.	19	100 1001						
£ . T	00	MEDICAL	216 INJURY OCCURE			OF INJURY REET, FACTORY OFFICE	FARM, ETC }	211 LOCA			CITY OR TOW	N	COUNTY	STATE
fter os th	arked	_	AT WORK AT WO	RK L			17	10	00	/	41		all	
Lose Jeol	5		220 I certify that (I)		' / /	/	111	7		to	1-1-	<u>&gt;</u>	9_0/	, that (1) (we)
OTO de la forma de	n 21		saw the decease above, (I) (we) (c	ed olive on didyddid no	t) view the body	ofter death.	, 0		y) (our) opinion o	death accurre	ed an the dot	e and hau		
DIRE	# #		276 SIGNATURE			11		DEGREE	ATTENDING 1	MEDICAL	STAFE		22c. DAT	E SIGNED
o to			-	000	1	7/1500	/	n.p.	ATTENDING PHYSICIAN	DIRECTOR	PHYSICI	AND	1/-/	3 01

that (1) (we) last ate and have and from the causes stated 221. DATE SIGNED 7-15-84 should be de with the State 224. PHYSICIAN'S NAME (THE PRINT) 7845 OAKWOOD ROAD, SUITE 104 22e ADDRESS BURNIE, MARYLAND 2106 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OR TOWN Jul, 19,1984 Holly Hill Cemetery Balto. Burial Whitemarsh MD 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Luka Davidson Bandall Singleton Funeral Home, Glen Burnie, MD. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

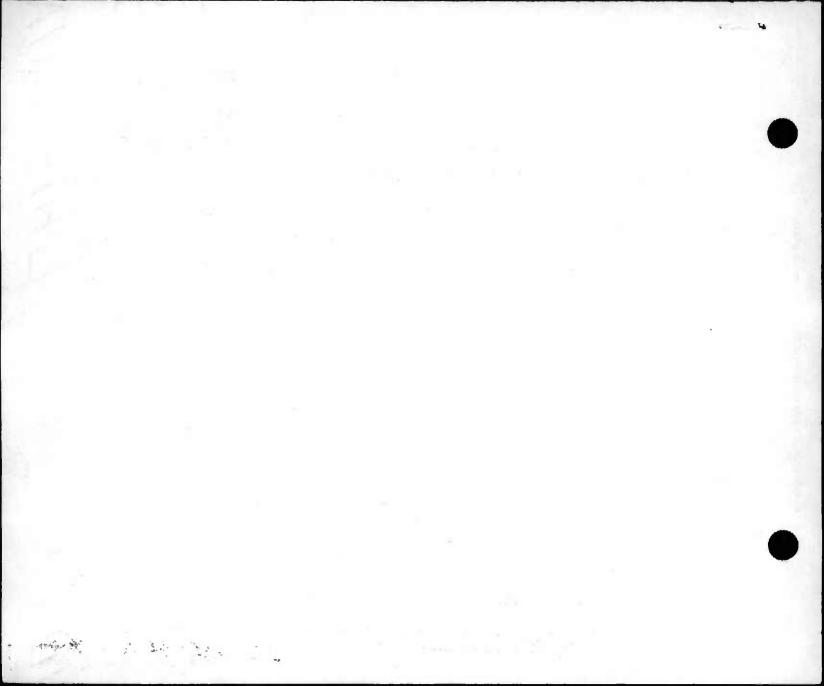
ES1

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

Anne Arundel Co

morth



poge 3

ending physician and campletely filled in by carbon papers. Pages 1 and 2 shauld he file

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital ar

or other troumatic

or them, 18 sh

IMPORTANT: If Hem 21 is marked

FOR STATE REGISTRAR				IT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE O 4	0.	7 3	3 4 EST	
DECEASED NAME	FIRST	N	IDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
( THE ORPRINT)	EUGEN	E M	AYNARD CI	ARK		THE	8	1084	1230 AM	
SEX	20028	1. RACE		DATE	OF BIRTH	6 AGE   IN YEARS LAST BE		UNDER I YEAR	IF UNUER 24 HRS.	
Male		White		MONTH Sept		71	YRS.	DAYS DAYS	HOURS MIN.	
O. BIRTHPLACE ISTATE C	OR FOREIGN		VHAT COUNTRY? 8			9 BALTIMORE CITY OR COUNTY OF DEATH				
Marvland		U.S.		MARRIE /IDOWE	D   NEVER MARRIED	A D T D T T	DE INTERIOR	COLUMN	V MD.	
II. CITY OR TOWN OF D	EATH	11. NAME OF H	OSPITAL, NURSING I	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION 126, KIND OF BUSINESS O				
GLEN BURI	ATT IS	(IF NOT IN SUC	FACILITY, GIVE STREET ADD		TODAY	(TYPE OF WORK FOR MOST			D - 6	
USUAL RESIDENCE (IF NO	7 25 25	OTHER INSTITUTION	ARUNDEL H		I IAL	Die & Tool	Setter	Gen'.	L.Reiract	
130 STATE	136 COUN	VTY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS				
Maryland	Anne	Arundel	Glen Burn	<u>ie</u>	YES NO X	126 Olen 1	Drive	21063	<u> </u>	
4 FATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	ī	
Shelby		N.	Clark		Harrie	tt	D	onald	son	
60 WAS DECEASED EVE			166 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDR	ESS	(Table poet)	Car Carlo	
IYES, NO OR UNKNOWN)	I F YES, GIV	(E WAR OR DATES)	705/05/33	76	Donald E. Cl	ark (Son)	Same	as #13	3	
Conditions, if or	IMMEDIA	D BY: TE CAUSE (0)	AS A CONSEQUENCE	ile	rate Cardi	overmler	ditea	BETWEEN	imaté interval Onset and Death	
couse (a), sto underlying cau	ting the ise last	(c)	AS A CONSEQUENC							
	GNIFICANT (	CONDITIONS <u>CC</u>	INTRIBUTING TO DEA	IH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDII ION GIVE	N IN PART 11	a .	
INO. DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO		, WERE FINDINGS USED YING CAUSES OF DEATH?		
21a. ACCIDENT WAS U	CAUSE OF DE	KIN .	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT ( OR PART ?)		

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

21e. PLACE OF INJURY

21f. LOCATION STREET

attended the deceased from 22a | certify that (I) (this hosp sow the deceased alive

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

22c. DATE SIGNED

COUNTY

226 SIGNATURE

230 BURIAL, CREMATION, REMOVAL (SPECKY)

214. INJURY OCCURRED

NOT WHILE

obove, (1) (we) (did) (did

CHARLES J WU 23b DATE

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

22e ADDRESS

LOCATION CITY OF TOWN Brooklyn

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

Anne Arundel

Md.

STATE

Burial 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

Singleton Funeral Home Glen Burnie, Maryland

Jul.10,1984

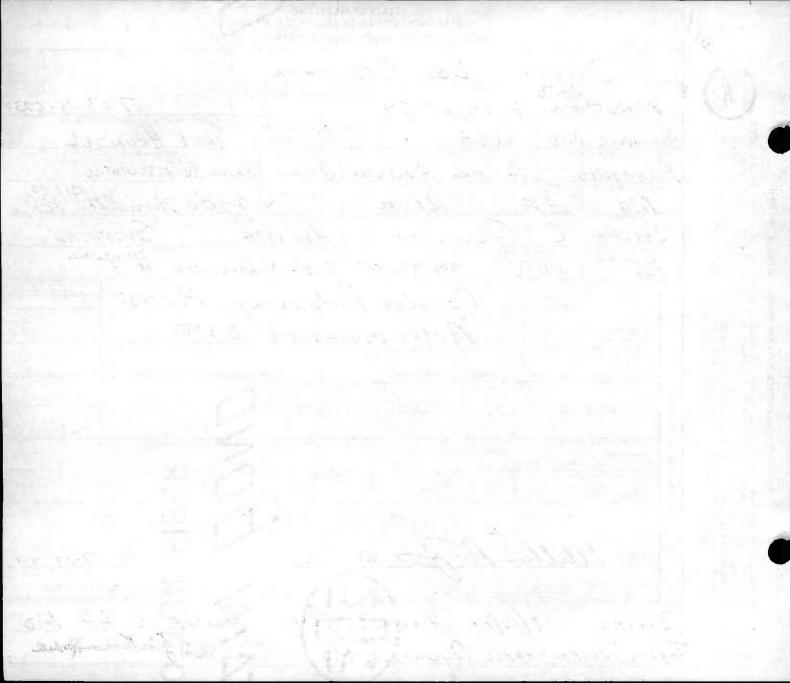
VENEZ MINTER

CLEN BROOT NORTH ARREST BOSFERME

Library 200

Mr. C. 200 10000 10

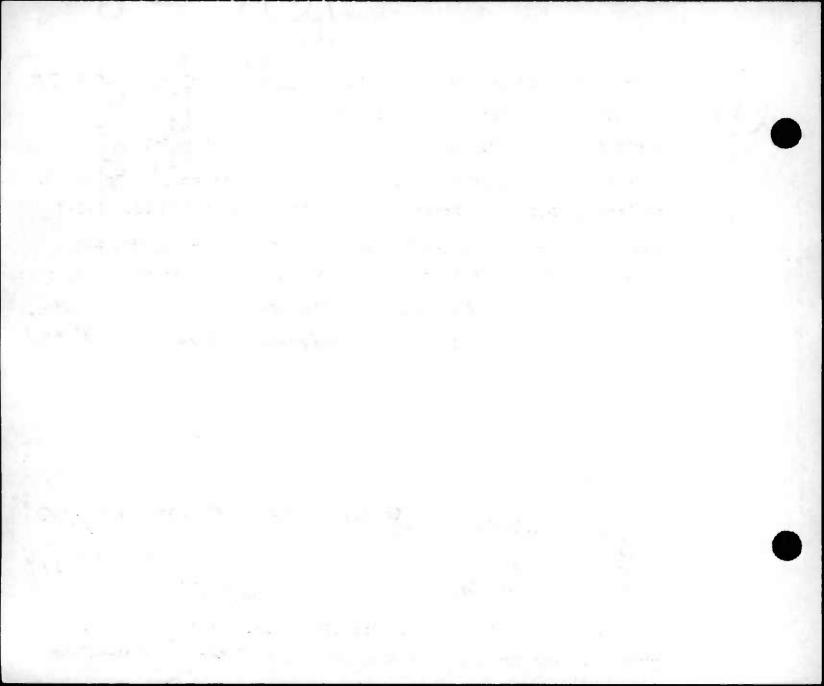
	الم	1	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 3 3
	10		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	200		EASED NAME FIRST	LEE COLLINSON 20. DATE KNOWN MONT OF ESTI-	H GAY YEAR 2b. HOUR
		3. SE)	MAYE PLANTES	DATE OF BIRTH MONTH GAY YEAR LAST BIRTHDAY)  LAST BIRTHDAY)  MONTHS DAYS HOURS MIN. PRONOUNCED DEAD  7	13 1984 023R
	SE SE SAN		REIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?  B. MARRIED NEVER MARRIED . 9. BALTIMORE CITY OF COU	
	ST SEE ST SEE	10 C	Y OR TOWN OF DEATH	WIDOWED DIVORCED HOVE HRUN  NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  172 USUAL OCCUPATION (TYPE OF WOR  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
-	DE PER POT			HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	31140
D. 2120	# AND S.	13a. S	THER'S NAME	136. CROPTOWN  136. INSIDE (ITY LIMITS)  YES NO 2500 Herrie  15. MOTHER'S MAIDEN NAME	Cton Pel.
RE, MI	AND 2 SES 1, 2		ISSEPH C.	COLLINSON AUGUSTA MIDOLE SHE	PHERD
ALTIMO	URS AFTER DE S. GIVE PAGE WITH FORM C. PAGES 1 AL DIVISION OF	16e. V	VAS DECEASED EVER IN U.S. ARMED	OFORCES? 116. SOCIAL SECURITY NO. 214 14 5585  WELDA W. COLLINSON # 1.	ge as
PRESTON ST., B	V 24 HOU V ITEM 18 ALONG TI PERMIT YGIENE, OVAL.		PART I DEATH WAS CAUSED BY IMMEDIATE C	DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W.	XAMIN XAMIN AL-TR N, OR		Canditians, if any, which gove rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b) //rterioselevotie CDU.  DUE TO, OR AS A CONSEQUENCE OF  (c)	
RECORDS		NO	PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 1016	
	HEF LESED OF HE	IFICATI	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES NO NO
DIVISION OF VITAL	RIME TO THE V	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR TH P.M. 19	
DIVISI	THIS CERTIF WARDED TO WARDED TO PAGE 3 SHO TATE DEPA 21201 PRIG	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLÁCE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f LOCATION  STREET CITY OR TOWN	COUNTY STATE
	NO SE S		22a. I certify that I taak charge a death resulted from: Natural o	f the remains described abave, held an Autapsy , Inspection Inquiry , and in my causes , Accident , Suicide , Hamicide . Undetermined manner ,	apinian
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC FOGE 4 SHOULD BE 1 TO FUNERAL DIRECT AFTER DEATH, WITH IT BALTIMORE, MARYLA	1	ACTUAL SIGNATURE WILLIAM	M.D. Deputy MEDICAL EXAMINER SIG	ENED 7/13/84
	AGE 4 SETTER DE ALTIMO		(THE CHINA)	P. Jones, M.D. ADDRESS 695 America Crt. Davidsonville	e, Md. 21035
	BP	8	URIAL 7	16/84 HILLEREST EM. HUNNOLIS	AA. MD
	DHMH - 17 (VR A15 ME (5)) 20M 4/82	Ay	LOR FINERM (	PAPEL ADDRESS ANN POLIS MD 250. DATE REC'D BY REGISTRAR 256 FEG ISTRA	Adam Hindall



TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

	1-	FOR STATE			DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	6	1	7 3	30
		REGISTRAR DEASED NAME	FIRST		MIDDLE		TAST	2a. DATE OF	REG. NO.		AY YEAR	26. HOUR
		Charles	Rorna	rd Cor	nors-Ko	210W	rsk i		Ju'.]	Lv 23	. 198	4 7 PM
- 1	3. SE			4. RACE	mor s-ne	5. DATE (	OF BIRTH	6 AGE (IN Y		(DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	,	Male	174	Cau	g.	MONTH 2	-2-1907		77	YRS.	ONTHS DAYS	HOURS MIN.
20		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED X	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
11		aryland		U	.S.A.	WIDOW		Anne	Arur	ndel,	,	MD.
V)	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL C	OCCUPATION FOR MOST OF			OF BUSINESS OR
/	6	Severn		5±5	Upton I	Rd.			eman			i. G.&
14	USU/ 13a S	AL RESIDENCE OF NUR	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET A	ADDRESS /	ZIP CODE		
2	M	aryland	A.	A.	Seven		YES NOXX	515	Upto	on Ro	1. 21	.144
7/	14. FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	WIDDLE		LAS	ST.
0	_J	ohn	_		Kozlows	ski	Sophia	a .	-		Telins	ki
/		AS DECEASED EVER		AED FORCES?	166 SOCIAL SECL		17 INFORMANT		ADDRES	S		
	,	No			212-05-	-5705	Stella R	Tipt	on 5.	L5 Ur		
ı		18 CAUSE OF DEAT	H (Enter onl	y one couse pe	r line for (o), (b), on	d (c).1	1.1.1.				BETWEEN C	MATE INTERVAL ONSET AND DEATH
-1		PART I. DEATH V		E CAUSE (o)	Myoce	redu	1 marco	4.			M	1/artus
	Z	Conditions, if ony gove rise to im couse (o), stotic underlying couse PART 2 OTHER SIG	mediote ng the e lost.	(c)_	OR AS A CONSEQUI	ence of	NOT RELATED TO THE TERA		Lyan E OR COND		EN IN PART 11	•
7	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTO		IN CERTIFY	, WERE FINDIN	OF DEATH?
5	ERTI	21a ACCIDENT WAS UN	DERLYING [	21b. TIME C	OF IN HIRY		21c HOW INJURY OCCUR	YES	NO.		BELL OR BARE 2)	NO [
1		OR CONTRIBUTING			M. MONTH D.	AY YEAR	The HOW BOOK! OCCOR	(ENIERNA	TORE OF INJURY	HATTEM TO PA	IKI I OK PAKI 2)	
1	MEDICAL	(IF EITHER NOTIFY MED 21d. INJURY OCCUR			OF INJURY	19	211 LOCATION					
- 1	ME	WHILE NOT WE AT WORK			REET FACTORY, OFFICE, I	ARM ETC )	STREET		CITY OR TOW	'n	COUNTY	STATE
		22a   certify that (I		al) attended th	no decored from	Lo	12 1078	· 10 V	Cula	22	10 54	that (I) (we) ost
1				/ /		54	nd that in (my) (our) opinion	death occurre	7			
		sow the deceos obove (1) live) ( 27b SIGNATURE	did)(did not	view the body	ofter deoth.		DEGREE				224. DATE	SIGNED/
		Olle.	SCan	lan			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		7/	24/14
		22d. PHYSICIAN'S N	AME ITYPE C	CAR	AN		95 Agu	mant	-Ro	1	,	1
		URIAL, CREMATION,	REMOVAL	236. DATE	23c. 1	VAME OF	EMETERY OR CREMATORY	23d. LOCA	TION OR TOWN		COUNTY	STATE
		Burial		7-2	6-84 S	t. St	tanislaus C				City,	
	24 FL	INERAL DIRECTOR			ADDRESS		25a DA	TE REC'D BY R	EGISTRAR 2	A BEGIST	AR'S SIGNAT	URE
	Ra	ymond C.	Fin	k Fune	ral Hom	e Gl	en BurnielU	[25]	104 d		- 14007 17	- President



10	
14	X
1	/ '

FOR - STATE

TO FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carban papers. P

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE	OF	MARYLAND	

ı		REGISTRAR		CERTIF	CATE OF DEA	ın	REG. N	0.		ED	1
١	I. DEC	EASED NAME FIR			AST	2	a DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR	1
ı	(TYPE (	OR PRINT)	ARLES N	ICHOLAS COOK			JULY	09,	1984	0144	AM
ı	3. SEX		4 RACE	5. DATE O		1 -	AGE (IN YEARS LAST BIR	_	UNDER I YEAR	IF UNDER 2	4 HRS
ı	M	lale	White	1 1 / 2	24/12	YEAR	71	YRS.	DAYS DAYS	HOURS	MIN.
1	7a. BIR	RTHPLACE (STATE OR FOREIG	76. CITIZEN OF W	HAT COUNTRY?	XNEVER MARK	9	BALTIMORE CITY				
	Ma	ryland	U.S.A.	WIDOWE	DÎ DIVOR	CED 🗌	ANNE A	RUNDEL	COUNT	(	MD.
	11.	OF THE PURPLE		SPITAL, NURSING HOME O			20 USUAL OCCUPAT		12b. KIND O	F BUSINES	SOR
1		GLEN BURNIE			LIAL		Manager		Tire		
	13e. S	TATE 113b	COUNTY	ive residence before admission) 3c. CITY OR TOWN Lel Pasadence	13d INSIDE CITY L LYES \( \) NO		8 591 Bau		1122		
7		THER'S NAME			15. MOTHER'S MA			NU. Z			
	Ch	arles E.Co	OOK	LAST	Kather	ine	Barrenge	<b>7</b> .	EAS1		
1	160 W	AS DECEASED EVER IN U	S. ARMED FORCES? I	66 SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS			
	Ň	(AS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF	TES, GIVE WAR OR DATES)	218-09-2519	Franc	es C	ook 18591	Bay F		122	
1		18 CAUSE OF DEATH IER PART I. DEATH WAS O	nter anly one cause per li CAUSED BY:	me for (a), (b), and (c))	J In	Land	lion -		BETWEEN C	MATÉ INTERV INSÉT AND D	AL EATH
ı		IMA	AEDIATE CAUSE (0)		0	0	0 1	-	-		
1		Cardina it	DUE TO, OR	as a constitution of c	levoter	14e	out dis	loy			
1		Conditions, if any, who	ote	0					+		
1		couse (a), stating ( underlying couse lo	DUE TO, OR	AS A CONSEQUENCE OF O	vey fre	su 1	chen	cy -			
	_	PART 2 OTHER SIGNIFIC	ANT CONDITIONS COM	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DI ION GIVE	N IN PART 110		
	5										
	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ON FOR WHICH OPERATION	N WAS PERFORME	D	200 AUTOPSY?	106 IF YES, IN CERTIFY	WERE FINDIN ING CAUSES	GS USED OF DEATH	1?
1	R						YES N	YES		NO 🗌	
		210 ACCIDENT WAS UNDERLY	UOUD 4 44	INJURY . MONTH DAY YEAR	21c HOW INJURY	/ OCCURRE	ENTER WATURE OF INJU	RY IN ITEM 18 PAR	IT I OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX									
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE O	F INJURY T FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	)WN	COUNTY	STA	ATE
		AT WORK								1	31 .
		220   certify that   whis	ive on	19		9 ) opinion de	_, to oth occurred on the d		ond from the	- ( (	
		22b. SIGNA USE	did not) view the body o		DEGREE				22c DATE	SIGNED	_
			Luculu	us)		NDING SICIAN	MEDICAL STA	FF CIAN [			
Ì		224 PHYSICIAN'S	TYPE OR PRINT)	1	22e ADDRESS		2-A MOUNTA		D		
		BENITO M	ARTINEZ, M.	).	PASA	DENA.	MARYLAND	21122			
	15	URIAL, CREMATION, REM	OVAL 236 DATE	23¢ NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION		COUNTY	STA	ATE
	B	urial	7/11/	84 Loudon	Park C	emet)	dry Bal	timore	City	, Md.	
		NERAL DIRECTOR	1306 0 0	ADDRESS		25a. DATE F	REC'D. BY REGISTRAR	25b EGISTR	ad's signat	JRE COL	
	A	murose, Inc	.1328 Sul	phur Sp.Rd.	21227	1001	0 1004	0	- I retain and	Jan Martin	2

15 THAT THE

CLER ANGEL NORTH ABSOLUTE PURPETED.

ADSTATIVED A SEES

THE SARRINGER SALES.

# FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.			
		CEASED NAME OR PRINT)	Earl		rne		Cooper	20. DATE OF DEATH	7/26/	84	26 HOUR	— и
	3. SE)	X		4. RACE		5. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIR	THDAY) UNI	DER I YEAR	IF UNDER 24 HRS	_
d		Male		Whi	te	May	20, DAY 1895 TEAR	89	YRS	DAYS	HOURS MIN.	
7		RTHPLACE (STATE OR ONLY) Ohio	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Anne Arun	_	EATH	MI	<b>-</b> D.
7		TY OR TOWN OF DE Annapolis	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK F	F WORKING LIFE) IN	DUSTRY	BUSINESS OR	
)		AL RESIDENCE (IF NUR STATE Md.	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Annapol	N	13d. INSIDE CITY LIMITS? YES 🕅 NO 🗌	13e.STREET ADDRESS / 227 Wardou		11.	401	
1	14. FA	THER'S NAME Winfiel	d Sc	ott Co	ooper		Rose	WE	Merce	LAST P	_	
		VAS DECEASED EVER VES NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES	579-32-2		Cathy Samara	ADDRE	Same as			
		PART I. DEATH V	VAS CAUSE		line for 1a1, (b), and Respivat	ř.	failure			APPROXI BETWEEN O	MATE INTERVAL INSET AND DEATH	_
		Canditians, if any gave rise to im cause (a), stati underlying cause	mediote ng the	(b)	R AS A CONSEQUE P & LU R AS A CONSEQUE	mon						_
	NOI	PART 2. OTHER SIG	NIFICANTO	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1:a		
3	CERTIFICATION	196 DATE OF OPERA	MOITA	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES			
1		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	115	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I C	DR PART 2)		
	MEDICAL	21d INJURY OCCUR	ние 🗍	21e PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn (	OUNTY	STATE	_
-1		00 0 00 0 00	A	to the first	1 1/	70 to 5 5	E 600	11/200	.75	901		_

DSTEIN WD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 7-27-34 Washington DC

D. BY REGISTRATION REGISTRATISSIGN

7 1001 WASHINGTON 24. FUNERAL DIRECTOR Hardesty Funeral Home 12 Ridgely two 1984

DEGREE

22e ADDRESS

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

STAFF PHYSICIAN

MEDICAL DIRECTOR

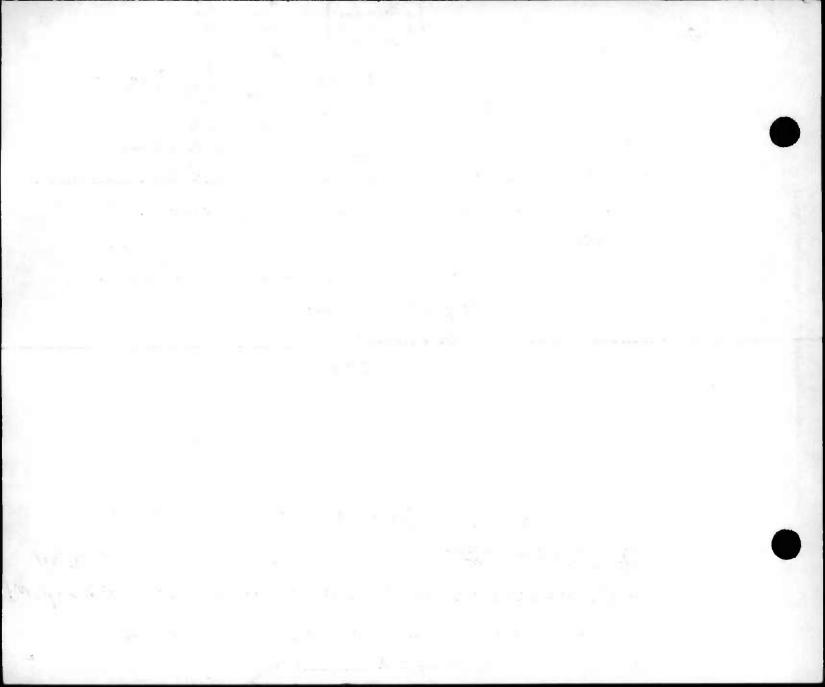
22c. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

D FUNERAL DIRECTOR

avid be detached th the Stote Dept.

ORTANT, II he



1	1	FOR - STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 4	1 7	3 3 4
(11)		CEASED NAME FIRST	ice Cheek	LAS	ST.		7 138	VEAR 26 HOUR N
ector. progression of the sector.	3. SE	Male	1 RACE Black	5. DATE OF	BIRTH 5 92	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
in 72 hou	7a 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	☐ NEVER MARRIED ☐  ** DIVORCED ☐	9 BALTIMORE CITY O	COUNTY OF DE	el MD
by the furth	10, 0	anna polis	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AND -E AND	ADDRESS)	Deneral	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Farmer		KIND OF BUSINESS OR USTRY
filled in sould be	13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	4	VN	36 INSIDE CITY LIMITS? YES NO 🛣	Box 710		758
and 2 sh	14. F	ATHER'S NAME FIRST William	H. Creek		S. MOTHER'S MAIDEN NA FRST  Christiana	ME	Н	all
Poges 1			ARMED FORCES? 166 SOCIAL SECULOR WAR OR DATES) 216-18-		Frnest M. Cr	addre sek Box 71	O, Frien	
d by the attending physicose remove carbon pap of, cremation, ar remova or ather traumatic event,		PART I. DEATH WAS CAU	only ane cause per line for (a), (b), ar SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSECTION  (b) DUE TO, OR AS A CONSECTION  (c)	ENCE OF	ed Sep	)	35	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
has been signe t permit. Then pi ene prior to bur aws any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
this certificate the burial-transit and Mental Hygined ar Item 18 she	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E  (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)  WHILE NOT WHILE	DEATH HOUR A.M. MONTH D	19	211. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJUR		
RECTOR: After ted for use as t spt. of Health a tem 21 is marke		220.1 certify that (I) (this has	spital) attended the deceased fram_ an19 not) view the body after death.		that in (my) (our) opinion	, tadeath occurred an the do		, that (I) (we) lost
AL DIRECTED (Fetached for the Dept. of T. If them 2		22b. SIGNATURE	eutwo	D	EGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F	C. DATE SIGNED
d be d be d be d be d la be d	1	224 PHYSICIAN'S NAME (TYP	E OR PRINT)	`	22e ADDRESS			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP\_

24. FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

July 17-84

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

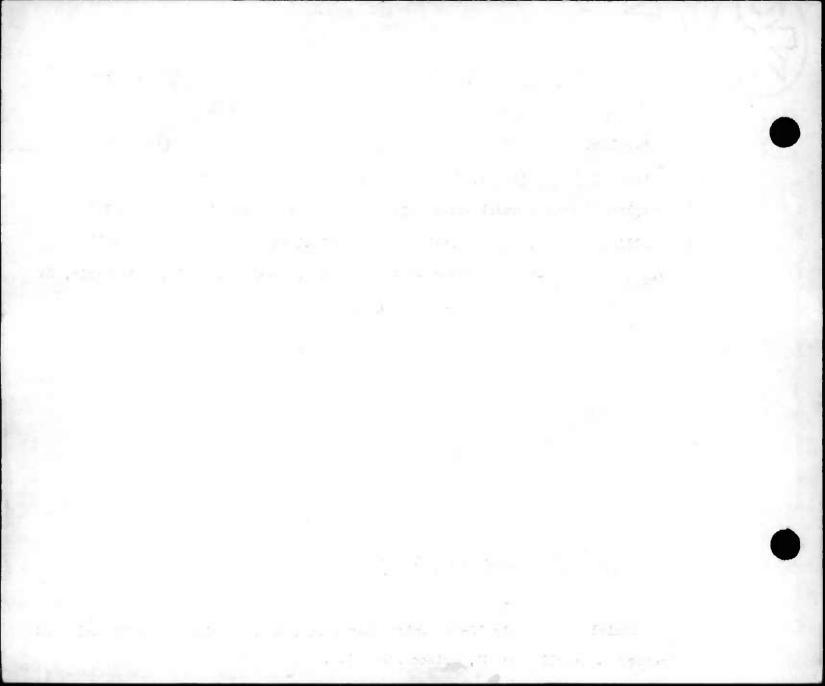
STATE Md

Union Chapel Chr. Cem Lothian Anna Arundel
| 250. Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Box 31, Prince Frederick, Md Spencer E. Sewell

23b. DATE

MD.



and completely filled in by the funeral director ages 1 and 2 should be filed within 72 haurs of

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-1650M 1/81 (VRA 15, 4)

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME E OR PRINT)	Margai	ret	Hughe	S	Cree!	29 DATE OF DEA	TH MONTH	9 -84	26 HOUR 450
4 .	FEMA IRTHPLACE ISIA COUNTRYI Ila Walla		ton	1 aucasia NOFWHAT COU USA	MARRIE	DAY YEAR  PROPERTY OF THE PROP	6 AGE (INYEARS LA 86 ; 9 BALTIMORE CI Anne	YRS	IF UNDER 1 YEAR MONTHS. DAYS	IF UNDER 24 HRS HOURS MIN.
130.	Baltimor AL RESIDENCE (I STATE MARYLA	F MD F NURSING HOME	Meri	dian / Du	rsing Ce	nter - Ham ment 13d. Inside city limits? YES □ NO 🗓	S HOUSEWY  130 STREET ADDR	fe.	LIFE) INDUSTRY	makes
	ATHER'S NAME FIRST GEORGE WAS DECEASED (YES, NO OR UNKNOW NO	EVER IN U.S.	MIDDLE  ARMED FORGIVE WAR OR DA	CA- CES? 16b SOCIA	MERON LL SECURITY NO.	N) na.  N) na.  No GEOTGE C.	-859-3211 A	DDRESS		yland 2109
IFICATION	Conditions, if gove rise to couse (o), underlying	ony, which immediate stating the couse lost	DUE DUE	TO, OR AS A COM (b)  TO, OR AS A COM (c)  NS CONTRIBUTION	ISEOUENCE OF	NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF Y	IVEN IN PART 110 ES, WERE FINDING CAUSES IFYING CAUSES	NGS USED
MEDICAL CERTIFICATION	210. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF 21d. IN JURY OC	CAUSE OF I	DEATH HOL	IME OF INJURY JR A.M. MONT P.M.  LACE OF INJURY JME, STREET, FACTORY.	19	21c HOW INJURY OCCU				STATE
	22a.1 certify the	ot (1) (this hose eccosed olive we) (did) (did E		body ofter death	_19, or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL	STAFF		SIGNED
24 F	BURIAL, CREMAT (SPECIFY) BUT IN UNERAL DIRECTO	Miam te	Sulve Ster	15'168A		0111 4	CITY OR TOW	11, Harfor		I And 2101
								7	The state of the s	7

AND THE STREET STREET Control Add the months of Total Land This are the Troop of the OR Majorial and the state of th 487116 Maked the section of a Maked the VESCENDING AND A COLLEGE HER REPORT OF THE COLLEGE AND A STATE OF THE PROPERTY 188 S.L. JUL Day Layer Sin har

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 mc retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral discount should be detached for use as the busial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
	SPI d b	NE Se
	HC	D FL
	5 9	F 4 3

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	

1 -	STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.			
	CEASED NAME + FIRST	MIDDLE	LAST	4	2a. DATE OF DEATH M	ONTH DAY	YEAR 26	HOUR
TYPE	ChARLES	N. (	UKK	ELI	7-17-8:	4		2 PM
3. SEX	(	4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIRTH			UNDER 24 HRS.
	MALE	White	MONTH 5	7 05	76	YRS	DAYS H	OURS MIN.
		76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF D	EATH	
	MO.	11.S.A	MARRIED WIDOWED	DIVORCED [	GLENBI	Elio	AK	7 MD.
10. CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)</li> </ol>		HER INSTITUTION	17a. USUAL OCCUPATIO		L KIND OF B	USINESS OR
G	LEN DUENIE	Alundal Gre	reate	C HONE	TIPE OF WORK FOR MOST OF	WORKING CITE) III	DOSTRI	21.1.
USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR O		N 113d.	INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	Bran	ch Rd.
14. FA	THER'S NAME			AOTHER'S MAIDEN NA	ME		1	4
	FIRST (INKIN	AIDDLE LAST		FIRST GN	LnowN		LAST	0
	AS DECEASED EVER IN U.S. ARA		RITY NO. 17 I	NFORMANT	ADDRES	S	il 1	
l,	res, no or unknown) (IF yes, give	(32-03	8140	MAKIA	dABOKK.	9-90M	Kinle	V Ave
	18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and	l (cl.)				APPROXIMA	TE HTERVAL
	PART I. DE ATH WAS CAUSED	BY:	11 11	. 17				
	IMMEDIATE	E CAUSE (a)	an ca	MAN .		/		
		DUE TO, OR AS A CONSEQUE	NCE OF		. /			
	Conditions, if ony, which	(b)	. 6		/			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		/	1000		
	underlying cause last.	(a)	1100		1. 1	Section 1		
	DARLO OTHER SIGNIES AND C	ONDITIONS CONTRIBUTING TO D	SEATH BUT NOT	DEL ATED TO THE TERM	INIAI DISEASE COCOND	TIONI CIVENI IN	DART 1	
z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT	KELATED TO THE TERM	IIIAL DISEASE OR COND	I IOM CIAEM IM	FAKI IIU	
2		· · · · · · · · · · · · · · · · · · ·				18.		
CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WA	AS PERFORMED		206. IF YES, WER	CAUSES OF	
E .		211 THE OF IN 1115Y	191.	HOW BUILDY OCCUP	YES NO	YES [		100
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	LUCIUS A II MONITH DA	Y YEAR	HOW INJURY OCCUR	RED. (ENTER NATURE OF INJURY	IN ITEM 18 PART I O	R PART'B)	
AL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19					
MEDICAL	21d, INJURY OCCURRED	21e PLACE OF INJURY		LOCATION	CITY OR TOW	N C	OUNTY	STATE
¥	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC }	SINEET	, CIIVORIOW		CONTIN	STATE
	22a.1 certify that (1) (this haspit	al) attended the deceased from_			, fo	. 19	, the	it (1) (we) last
	saw the deceased alive an above, (I) (we) (did) (did not		, and the	at in (my) (aur) opinian	death occurred an the dat	e and hour and	from the cou	uses stated
P. (1)	226. SIGNATURE	VO 0	DEGR	REE		, ];	R. DATESIO	SNED
	5 / 7-5	DI L	.0	ATTENDING	MEDICAL STAFF		3/1	0/84
	22d. PHYSICIAN'S NAME ITYPE OF	o deliaiti	122-	PHYSICIAN ADDRESS	DIRECTOR   PHYSICI	AIN .	11	11
1	ZZE. PHI SICIAIN SMAME TYPE OF	(PRIDIT)	1/26	ADDRESS /			1	

7-21-84

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar ather traumatic event, the medical

230. BURIAL CREMATION, REMOVAL (SPECIFICATION)
24 FUNERAL DIRECTOR
LEVOY O. DYEH

4600 Libert

J. Chieros M. Chineses & Grand Manual Seminary - 1256 Pergines Daniel M The secretary was to be over the second of t MEDIUM ITER THE ZION CEN serol C. P. pott Alect Linearly Mil

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6	1		

### FOR - STATE REGISTRAR

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYG	IENE 🗳
CERTIFICATE OF DEATH	

LAST

5 DATE OF BIRTH MONTH

DAIN

Dec.

ENE &	64	commission	1	3	4	2
	REG. N	10.			FI	)T
2a DATE	OF DEATH	HINOM	DAY	YEAR	2b. HOU	JR
TT.	II.Y	10	19	34	0848	MIA
6 AGE	N YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
	51	YRS	MONTHS	DAYS	HOURS	MIN.
9 BALTIA	AORE CITY	OR COUNT	Y OF DE	ATH		
	A TATES A	13 7 Th TIS 7"	r ao	THEFT	7	

10/	pop.	\
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ofter death	the funeral	Wied of pr
24 hours ofter death.	filled in by the funeral ould be filed within 72	must be hotelied at once

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or Hem

MPORTANT: IF

d b

CHUCHSIAN 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE I STATE OR FOREIGN COUNTRY) NEW YORK

FIRST

4. RACE

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

LEAT

NITED STATES (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

TOHN

MARRIED MEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) FED. AVIATION ADMIN TRAFFIC CONTROLER

130. STATE MARYLAND 14 FATHER'S NAME

YES

II. CITY OR TOWN OF DEATH

DECEASED NAME

TYPE OR PRINTS

1. SEX

GIVE RESIDENCE BEFORE ADMISSIONS CITY OR TOWN **FASADENA** 

ARUNDEL HO

NO X 15 MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

MILBURN GIR MIDDLE

13e.STREET ADDRESS / ZIP CODE

21122 GARDHER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

RANK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I # YES, GIVE WAR OR DATEST

PART I. DEATH WAS CAUSED BY:

ALY 166 SOCIAL SECURITY NO KOREAN CONFLICT

HARLOTTE 17 INFORMANT JOAN

1932

ADDRESS As SAME

IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating underlying cause last.

OR AS A CONSEQUENCE OF MYOCARD

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita

# 190 DATE OF OPERATION

CERTIFICATION

MEDICAL

71a. ACCIDENT WAS UNDERLYING (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

19\_

ATTENDING

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

P.M. 19 71e PLACE OF INJURY

211 LOCATION

22a | certify that (1) (this haspital) attended the deceased Iram\_ saw the deceased alive an above, (I) (ve) (did) (did nat) view the bady after death.

BURIA

226 SIGNATURE

(SPECIEN

DEGREE Mn

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death occurred on the date and have and from the causes stated

224 DATE SIGNED

STATE

\_, that (I) (we) last

27d PHYSICIAN'S NAME (TYPE OF PRINT)

72e ADDRESS

TIMORE-ANNAPOLIS BLVD. MARYLAND 21061

BASANT K. KHANDELWAL 230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF LOW

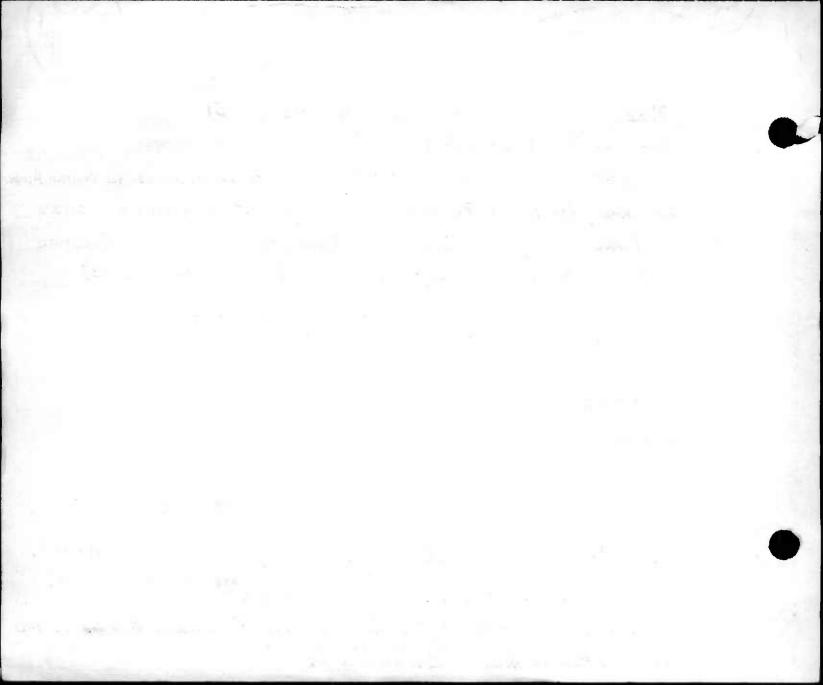
CITY OR TOWN

GLEN BURNIE HANE PRINDEZ

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

24. FUNERAL DIRECTOR



20M 4/82

carried deputy vecase and the then up the because house the transfer and the continue to the (distance)

with the State Dept. of Health and Mental Hygiene prior to overal, cremanon, or removed.

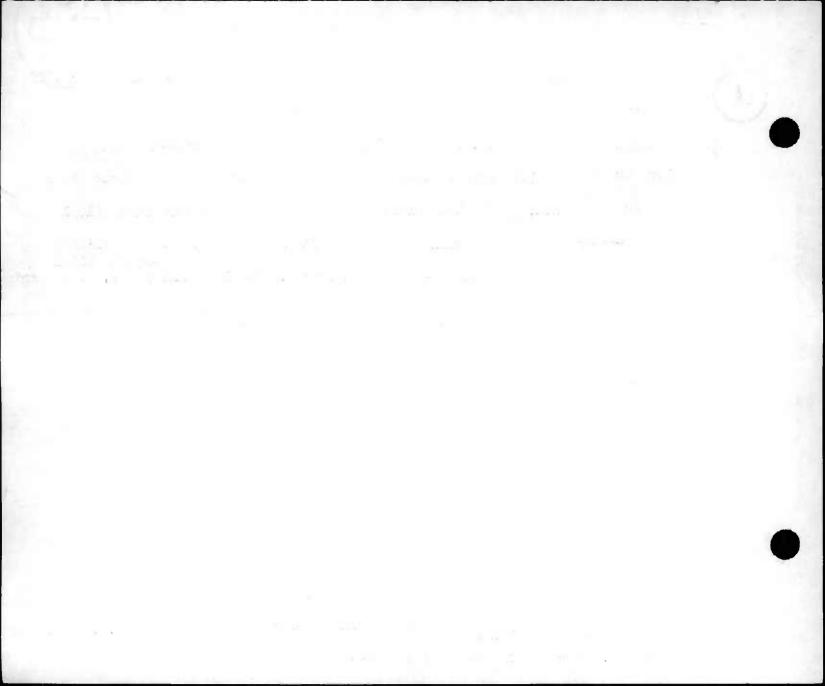
[MPORTANT: If Hem 2] is morked at Hem 18 shows any injury, at other traumatic event, the medical examine most be notified by

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR				EALTH AND M			G. NO.	/			1
Ì	I. DECEASED NAME FIRST		MIDDLE	ł	AST		20 DATE OF DEA	нгиом НТ	DAY	YEAR	26 HOUR	
ı	(TYPE OR PRINT)	Y	Agnes		Dehn			7	11	84	10:20	OP <sub>M</sub>
ŀ	3. SEX	4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS I	AST BIRTHDAY)		DER 1 YEAR	IF UNDER 24	HR5
ı	Female	White		MONTE	12	12	71		RS.	15 DAYS	HOURS	MIN.
ł	To. BIRTHPLACE (STATE OR EOREIGN	76 CITIZEN OF	WHAT COUNTRY?				9 BALTIMORE C			DEATH		-
Α	Maryland	U.S	5.A.	MARRIE	D NEVER MA	RRIED '	Anne	runde	Cor	ntsr		MAD
2	Glen Burnie	11. NAME OF	HOSPITAL, NURSING THE FACILITY, GIVE STREET AD LYMAR Driv	HOME (			120 USUAL OCC (TYPE OF WORK FOR Housew	UPATION MOST OF WORKE	NG LIFE) IN	L KIND C	BUSINES:	S OR
			GIVE RESIDENCE BEFORE AL 13c. CITY OR TOWN Glen Bur			XX OF		RESS / ZIP C	_	21	061	
4	14. FATHER'S NAME EIRST	A IDDLE	EAST		15 MOTHER'S			DUE		1.AS	.1	
4	Francis		Scally		E	llen	T	neresa		F	lynn	
T	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (16 YES,	ARMED FORCES?	166. SOCIAL SECURI	ITY NO.	17 INFORMAN	Т	,	ADDRESS M	aryla	nd 2	1061	
1	No	one on one of	216-26-66	26	Patrici	a S.	Dehn 1739	Marl	ey Av	re. G	len B	urni
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN	(c)T CONDITIONS CO	R AS A CONSEQUEN	ATH BUT	NOT RELATED T	O THE TERM		CONDITION			a NGS USED	=
1	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH O	PERALIC	WAS PERFOR	WED	200 AUTOPSY	IN CI			OF DEATH	?
4	OR COLUMNIA CALLER OF	HOUR A	DF INJURY M. MONTH DAY M.	YEAR			RED (ENTER NATURE	OF INJURY IN ITE	w 18 PAR1 I	OR PART 2)		
	TO CONTRIBUTING LAUSE OF ILLES	21e PLACE LAT HOME ST	OF INJURY REET FACTORY, OFFICE FAR		21f LOCATION	1	ÇIT	Y OR TOWN		COUNTY	STA	16
	22a I certify that (1) (this how saw the deceosed alive abave, (1) (we) (did) (did	on 5421	11 19 F	VUL C.	nd that in (my) (	our) opinion i	death occurred on	the date and	, 19_			e) last
	77b. SIGNATURE  J.M  27d. PHYSICIAN'S NAME ATTEMPT TO THE ATTEMP	MAMO)	m.p.		22e ADDRESS		MEDICAL DIRECTOR   P			22c. DATE	SIGNED	
	230. BURIAL, CREMATION, REMOV. (SPECIFY) Burial	23b. DATE			Hill Ce	netery		imore	k	A.A.		id_
	24 FUNERAL DIRECTOR		ADDRES			250 DAT	E REC'D. BY REGIS	IRAR 256 PE	GISTRAR	SSIGNAT	ure	0.
J	George J. Gonce	4001 R	ltchie Hg	ry B	alto Md	1 11	JL 1 O R	104 94	المالة لما	الما المناسلة	Market	

DHMH - 16 50M 4/83 (VRA 15, 4)



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AN. The law requires that the death certificate be executed within 24 hours after death. Page 4 maintributions	Affactive has been signed by the ottending physician and completely filled in by the funeral areator, or framely permit Then please remove corban pages? Bodd 2 should be filled within 72 auritor.
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AN. The in	te has
Z	from from

# STATE OF MARYLAND

	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		i. NO.			EDT
E	LAST	20. DATE OF DEAT	HINOM H	DAY	YEAR	2b. HOUR
	TATELLATION	TEST V	17	100/	4	AZO AM

N	1.	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG. NO.	EDT
		ECEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH	20. 1100K
		JACK	Lyce	ster DII	FEND	ALL	JULY 13	, 1984 430 AM
1	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	
1	-	Male	Wh	ite	June		58 y	MONTHS DAYS HOURS MIN.
100		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
0	1	Maryland	U.S.	Α.	WIDOWE		ANNE ARUNDE	L COUNTY MD.
361		ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
127	100	LEN BURNIE	NOR'TH A	RUNDEL HO	SPITA	AL	Developer	Westinghouse
306	USU 130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (	
90			Arundel	Hanover		YES NO W	7220 Ridge Ro	
21/1	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
35007		Harry		iffendall		Ione		Cavev
li dico		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	
1/		No N/		212.22.6	297	Eileen A Dif	fendall_(Wife)	Same as 13
4		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per	line for (a), (b), and	dici j	. 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-			E CAUSE (o)	Respir	alon	1 Failure		2 days
ofic		THE PERSON NAMED IN CO.	DUE TO, OI	R AS A CONSEQUE	NCE OF	7		1 1
2007		Conditions, if ony, which	(b)_	melasia	Tic 4	rastric coro	noma	6 months
hert		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OF	R AS A CONSEQUE	NCEOF			
0 0			( (c)					
injury,	NO O	PART 2. OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	N GIVEN IN PART 110
8 9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. I	IF YES, WERE FINDINGS USED
W	E	6/11/94	Adom	inal Carti	noma	tosis bile refle	X YES NOTE	ERTIFYING CAUSES OF DEATH?  YES NO NO
90	Ü	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OF CURR	ED (ENTER NATURE OF INJURY IN ITE	M IB PART TOR PART 2)
11	¥	OR CONTRIBUTING CAUSE OF DEA	TH.		19			
3	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA		211 LOCATION	CITY OR TOWN	COUNTY STATE
Per l	>	AT WORK NOT WHILE AT WORK	(AT HOME, SIK	EET, FACTORT, OFFICE, FA	KM, EIC }	1/ 0//		0//
9 100		22a.1 certify that (1) (this hospi	tol) ottended the	deceosed from	,5-	16 19 84	_, to	, 19 1 , that (I) (we) lost
5		sow the deceased alive on above, (1) (we) (did) (did no	t) view the hady	ofter death	4 . or	nd that in (my) (our) opinion o	death occurred on the date and	d hour and from the causes stated
1		226 SIGNATURE	THE WINE COULT	01		DEGREE	1	22c. DATE SIGNED
W		- Josep	2	1/13n	- 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
4 1		22d. PHYSICIAN'S NAME DYPE O	R PRINT)			22e ADDRESS 7845	OAKWOOD ROAD,	SUITE 104
ő/		LONG S. HSU,	M.D.			GLEN BURNI	E, MARYLAND 21	.061
3		BURIAL, CREMATION, REMOVAL	236. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	
MA		Burial	Jul. 16	5.1984 GI	en HA	VEN Mem Park	Geln Burnie	A.A. MD
/83	24. FI	UNERAL DIRECTOR	Duren	ATOON OI			REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIONATURE DO
0.0	Si	ngleton Funeral	Home,	Glen Burn	ie Ma	6999		DULKAN JOHN

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DRECTOR A should be described for use with the Store Dept of Heal IMPORTANT, if fem 21 is m

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CONTROL OF STATE ACCORDS, 201 W. TRESTOLEST., DALLIMORE, MARIENIA ZI	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hor
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n signed by the attending physician and campletely filled in by the Then please remove carbanpapers. Pages 1 and 2 shauld be filled vi

ar other traumatic

5 DATE OF BIRTH

MONTH

Feb

MARRIED X

MIDDLE

White

USA

76 CITIZEN OF WHAT COUNTRY?

Kenneth

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE
£AST	20 DAT

Dogge

16, 1925

26 HOUR July 29, 1984 11:45 4 6. AGE (IN YEARS LAST BIRTHOAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County DIVORCED |

	len Burnie		HOSPITAL, NURSING HOME ( CHEACILITY, GIVE STREET ADDRESS)  Marie Avenue	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Boiler Maker	126 KIND OF BUSINESS OR INDUSTRY NASA
M	aryland	ING HOME OR OTHER INSTITUTION 136 COUNTY	n give residence before admission) 136. CITY OR TOWN Glen Burnie	134 INSIDE CITY LIMITS?	130 Marie Avenu	ue 21061
14 F.	Paul	C.	Dogge	Myrtle	MIDDLE E.	Hamlen
	WAS DECEASED EVER YES NO OR UNKNOWN) YES	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  WW II	216-16-4125	Angela M. [	Dogge, Same as 13	
	Conditions, if any,	AS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, ( which (b)	erline for (a), (b), and (c) widespread metalonest metalonest of	astatic cances	oflarynx	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	underlying cause	g the DUE TO, (c)	OR AS A CONSEQUENCE OF			
NO	AN 2 OTTER SIGN	ALLCHIAL COMPILIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED TIE. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE

NOF YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

200 AUTOPSY?

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on abave (1) (we) (did) (did nat)

(our) opinion death occurred an the date and hour and from the causes stated

CITY OR TOWN

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

190 DATE OF OPERATION

William C. Gray, M.D.

23b. DATE

22e. ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

University Hospital

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by

the burial-transit permit. I and Mental Hygiene prior

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marked or Item

MPORTANT: If Hem 21 is

should be detached far with the State Dept. af h

MEDICAL

DHMH - 16 50M 1/81

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Male

Maryland

70. BIRTHPLACE (STATE OR FOREIGN

3 SEX

Robert

4. RACE

James S. Kirkley, Glen Burnie, MD

Aug. 1,1984

Crownsville Crownsville Vet. Cem.

MD

STATE

Liverpolite man detate homeologe FOR

deoth

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	3	4	1	

	CEASED NAME FIRST		NMN)	DONO	יינו זוני	20. DATE OF DE		DAY YEA	2b. HC	JUR
		,	THE TAY				4, 1984		6:5	_
3. SEX	X	4. RACE		5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS	(AST BIRTHDAY)	MONTHS D	EAR IF UND	CHEST
	Female	Caucas		Novem	ber 13, 1901		YRS			
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE			Н	
-	ermany	USA		WIDOWED			rundel			
	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING		ID OF BUSIN	NESS
-	en Burnie				Hospital	Homema	ker	own	home	
	AL RESIDENCE (IF NURSING HO	OR OTHER INSTITUTION	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADD				
		George's	Bowie		YES X NO	3524 May	donna L	ane 20	0715	
14. FA	THER'S NAME FIRST	WIDDIE	LAST	1	15. MOTHER'S MAIDEN NA		IDDLE		LAST	
	Martin	I	Euskircher	n n	Margaret			Euskir	chen	
	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	-		2
	NO -		129-34-00	006	Mary Galleher	r 3524 1	Madonna	Lane 1	Rowle.	. 14
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FICATION	gove rise to immediate couse (a), stating the underlying couse los	DUE TO, O  t. (c)  INT CONDITIONS C	ONL BY  OR AS A CONSEQUE  ONTRIBUTING TO E	ence of day	UR SEI HOT RELATED TO THE TERM	ZOO AUTOPS	er Tht 20b. IF IN CER	YES, WERE FILE	NDINGS US	ED ATH
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and sale should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

retained by the hospital or attending physician

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July 25, 1904 Soyle, Saryland one latend, Saryland one latend, Soyle, Soyle	l4300 Gilent	.TV.(.ess July 27,7384 Oul	IT. Kakosh App

10	1-	COR STATE REGISTRAR		ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL H L'S CERTIFICATE O		7343
3. S. S. F.		CEASED NAME FIRST OR PRINT!	N	DDLE	Drak	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
SY, PLEA DIRECTO DUR FILE 72 HOUI	3. SEX	n CAC	5. DATE OF BIRTH	YEAR LAST BIRTHDAY)  7 3 YRS.	IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR  7 18 1984 2306
VECESSAR UNERALI FOR YO WITHIN	70. 81 FO Ma	THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WHAT	A	MARRIED NEVER MARRI	ED 📙	or county of DEATH rundel MD
E, MD, 21201  ATH. IF ANY DELAY IS NECESSARY, PLEASE S 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. RETAIN FAGE 5 FOR YOUR FILES. VITAL RECORDS, 201 W. PRESTON STREET,	10. CI	LEN BUYDIE	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY	4	ROTHER INSTITUTION	Self-Employed	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Grocery Store
ANY DE ANY DE AND 3 TRETAIN HOULD E RECORD	USUA 13a. S	ATE 13b. COUD	OR OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS D	21122. 1VISION Rd,
		THER'S NAME Frank	MIDDLE	Drake	IS MOTHER'S MAIDE FIRST Victor	ria	Rybieska
J. BALTIMOR J. GIVE PAGE WITH FORM F. PAGES 1 AI DIVISION OF		AS DECEASED EVER IN U.S. AR. S. NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	6. SOCIAL SECURITY N 16-09-9069	o.   17 INFORMANT   Frances I	ADDRES	Same as 13e
, 201 W. PRESTON ST. CUTED WITHIN 24 HOL IN PENCIL IN ITEM 18 EXAMINER ALONG ) RAL "TREPERFERMIND AMENTAL HYGIENE", ION, OR REMOVAL.		Conditions, if any, which gove rise to immediate cause (a) stating the <u>underlying cause lost.</u>	D BY:  TE CAUSE (o).  DUE TO, OR AS.  (b).  DUE TO, OR AS.	A CONSEQUENCE OF	Pulmona 15 CVD	ry Arre	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BE EXE ENDING WEDICA AS A BI ALTH A CREMA	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS				RT 1 (a)	
HOUN CHIEF USEE OF H	CERTIFICATION	19a DATE OF OPERATION			ON WAS PERFORMED?		20 AUTOPSY?
IFICATI THE VIOLIDI ARTMEI	MEDICAL CE	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	ONTH DAY YEAR		D (ENTER NATURE OF INJURY IN ITEM I	18 PART 1 OR PART 2)
SE S	MED	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK	STREET, FACTORY.		OIF LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WINGER 4 SHOULD BE FORWATOF FUNERAL DIRECTOR: PARTIER DEATH, WITH THE STABALTIMORE, MARYLAND, 21		228. I certify that I taak charg	101	ed above, held on ident , Suicid	Autopsy , Inspection  Homicide ,  TITLE (SPECIFY)  Deputy	Inquiry , o	DATE SIGNED
TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMOR	-	EXAMINER'S NAME (TYPE OR PRINT)	William P. Jor	es, M.D.	ADDRESS695_An	perica Ct Davidson	Ville, Nd. 21035
BP	23a.BI	Burial Burial	7/21/84		ery or crematory art of Mary	Baltimore	°Balto °Ma

DHMH - 17 (VR A15 ME (5)) 20M 4/82

George J. Gonce 4001 Ritchie Hgwy Balto Md

JUL 20 1984 PREDISTRAR 256 REGISTRAR'S SIGNATUREDO

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR

ROBERT

FOR

REGISTRAR

I. DECEASED NAME

- STATE

250, DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE wie Davidson EVANS 1212 WEST ST. ANNAPOLIS

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

NO [

... that (I) (we) last

22c. DATE SIGNED

STATE

EMPLOYED

IF UNDER 24 HRS.

IF UNDER 1 YEAR

COUNTY

YES [

COUNTY

medical examin

MADORTANT: If them 21 is morked or lifem 18 shaws any in vry, or other traumotic event, the

	STA	TE	OF M	ARYL	AND		
DEPARTMENT	OF	HE	ALTH	AND	MENT	AL	HYG

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0	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND ME		REG. NO.	10	7 0
	(TYPE	CEASED NAME FIRST	WIDDLE	ع	UANS	JR.	7-3	29-84	1050 M
1	3. SE)	male	Black	5. DATE C		YEAR	6 AGE [IN YEARS LAST BIRTHDAY]  58 YRS		HOURS MIN.
2		RTHPLACE   STATE OR FOREIGN RYLAND	76 CITIZEN OF WHAT COUNTR U.S.A.	Y? 8. MARRIE WIDOWE	D NEVER MA	RRIED D	Anne Arunde	OF DEATH	10 to MD
0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STRI  Anne AVIDAL	SING HOME (	OR OTHER INSTIT	UTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		BUSINESS OR
j	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE) 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	134 INSIDE CITY	LIMITS?	130 STREET ADDRESS / ZIP CODE	dec. A	403 VE
1		THER'S NAME LLIAM	MIDDLE LAST EVANS		15 MOTHER'S A		E WIDDLE	HAT.T.	
	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	44-0-	17. INFORMAN	Ann	apolis, Md. 2140	03	
		PART I. DEATH WAS CAUSEI IMMEDIAT  Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last	DUE TO ACONSEC	DUENCE OF	Lort	210	LA E ESE		MATE MIERVAL SSEI AND DEATH
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI				IN CERTIF	, WERE FINDING YING CAUSES O	F DEATH?
7	MEDICAL CERTI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	21c. HOW INJU		YES NO YE	S ART I OR PART 2)	NO []
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC		SIREET	74	CITY OR TOWN	COUNTY	STATE
		22a L certify that (1) ( <del>Mis haspin</del> saw the deceased alive on above; TIT (we) (did) ( <del>2 did no</del> 22b. SIGNATURE	V= Ly 19	04.01	DEGREE	ur) opinion de	oth occurred an the date/and hou	r and from the co	or (# (we) lost
)		276. PHYSICIAN'S NAME (TYPE OF	Port 1.5	•	77e ADDRESS	tones,	The song	poris	21/03
	73a B	URIAL, CREMATION, REMOVAL BURIAL	0 0 01		EMETERY OR CRI		23d LOCATION CITYOR TOWN Tothian	COUNTY	STATE

24 FUNERAL DIRECTOR
WILLIAM REI REESE & SONS MORTUARY, P.A.

8-2-1984 ADAMS

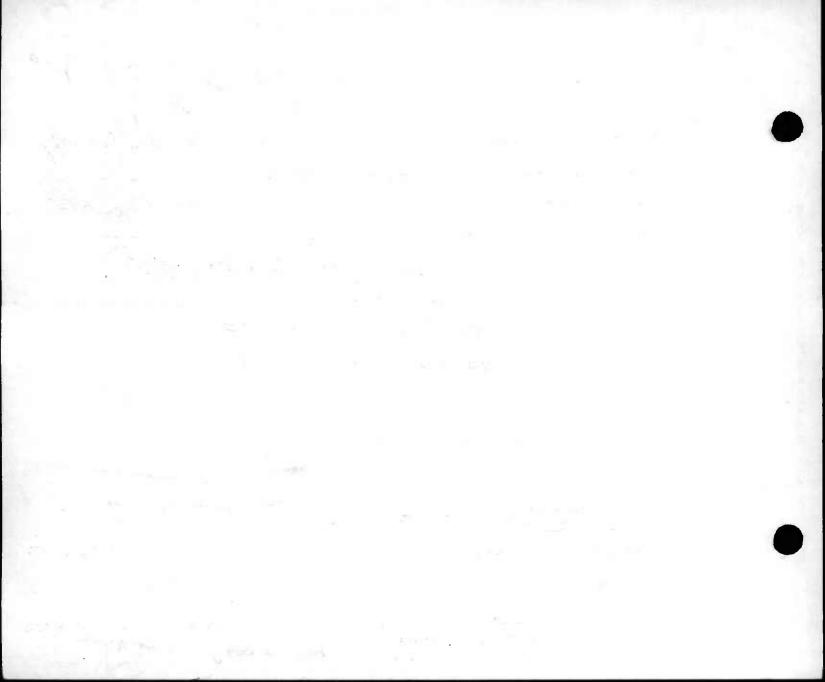
CHURCH CEMETERY

Maryland

CEMETERY Lothian A. Ma:

AUG 1984

DHMH - 16 50M 4/83 (VRA 15, 4)



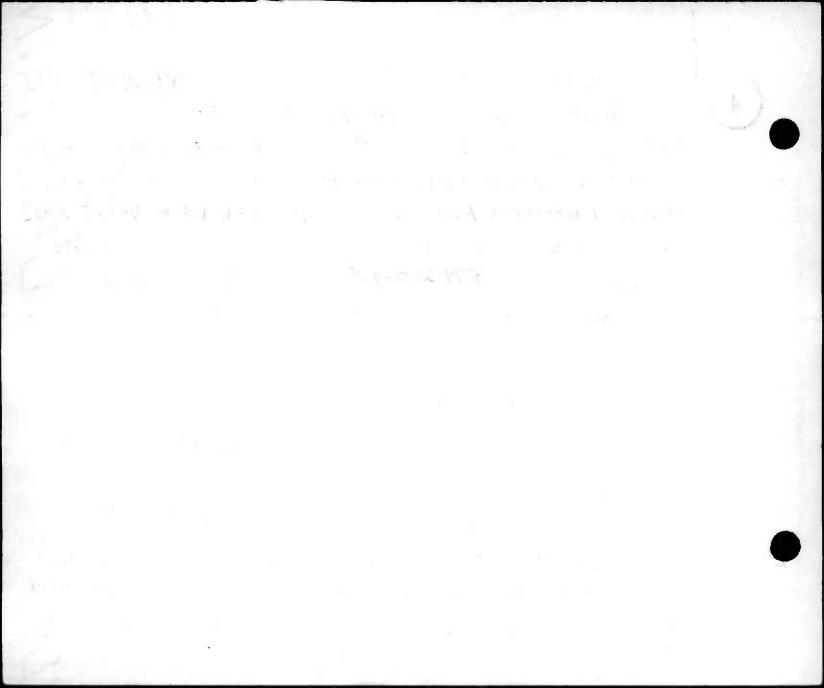
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours affi retained by the hospital or ottending physician:

1	-	FOR STATE REGISTRAI
D	FC	FASED NA

## STATE OF MARYLAND DEDARTMENT OF BEALTH AND MENTAL BYCICHE

1.	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	CEASED NAME FIRST & HENRIETTE	B. FALL	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 07 04 84 31/5
3. SE	Female LRACE	S. DATE OF BIRTH MONTH DAY 15 15 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS BAYS HOURS AND THE BAYS HOURS
///S	oth Carolina U.	MARRIED NEVER MARRIED DIVORCED FHOSPITAL, NURSING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OF COUNTY OF DEATH  ANNE ARONDEL COUNTY  1120 USUAL OCCUPATION 1120 KIND OF BUSINESS
A	NNAPOLS ANNE A AL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION	RUNDEL GENERAL HOSPETAL  SIN GIVE RESIDENCE BEFORE ADMISSIONI	(I PPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMOKEY HOME
130. S	RYLAND ANNE ARUNDE	ANNAPOLS 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N	531 LEE DENE 214
如了	PECINUS  MIDDLE  MIDDLE  MAS DECEASED EVER IN U.S. ARMED FORCES	Barbat FIRST  P 1166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS S COLLAST
	(ES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES)	579-22:5069 Miltons	Fall Jr Jame as
event,	18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Breast (	approximate interval BETWEEN ONSET AND DE
, or ather troumat	Conditions, if any, which gove rise to immediate cause (o1, stating the underlying cause last.  Col	OR AS A CONSEQUENCE OF  OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	DAAINAL DISEASE OF CONDITION CIVEN IN PART LIE
ATION	recorrect		200 AUTOPSY? ZOB IF YES, WERE FINDINGS USED
CERTIFICATION		***************************************	YES NO YES NO NO NO NE
173	OR CONTRIBUTING CAUSE OF DEATH HOUR	OF INJURY  A.M. MONTH DAY YEAR  P.M. 19  121 LOCATION  121 LOCATION	JRRED (LULLER-MANURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MED MED	WHILE NOT WHILE (AT HOME S	STREE <u>L FACTORY OF</u> FICE FARM, ETC.) STREET	GENERAL COUNTY STATE
21 is n	27a.1 certify that (I) (this hospital) attended saw the deceased alive on above, (I) (we) (did) (did not) view the box 27b SIGNATURE	4 9 19 XY and that in (my) (our) opinio	on death occurred an the date and have and from the causes stated
ANT.	Studit E.	Schoull Cus ATTENDING PHYSICIAN	MEDICAL STAFF 7484
IMPORTANI 230 I	Stuart E. Selon	123, NAME OF CEMETERY OR CREMATORY	which St. Annapolis and . 2140
_ C	JURIAL CREMATION, REMOVAL 236 DATE  PENOTION JURIAL DIRECTOR	5.1984 Cedar Hill	ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
83	ylor Funeral Cha	A APPOPER	JUL 6 1984 Julia Drighton Burdan

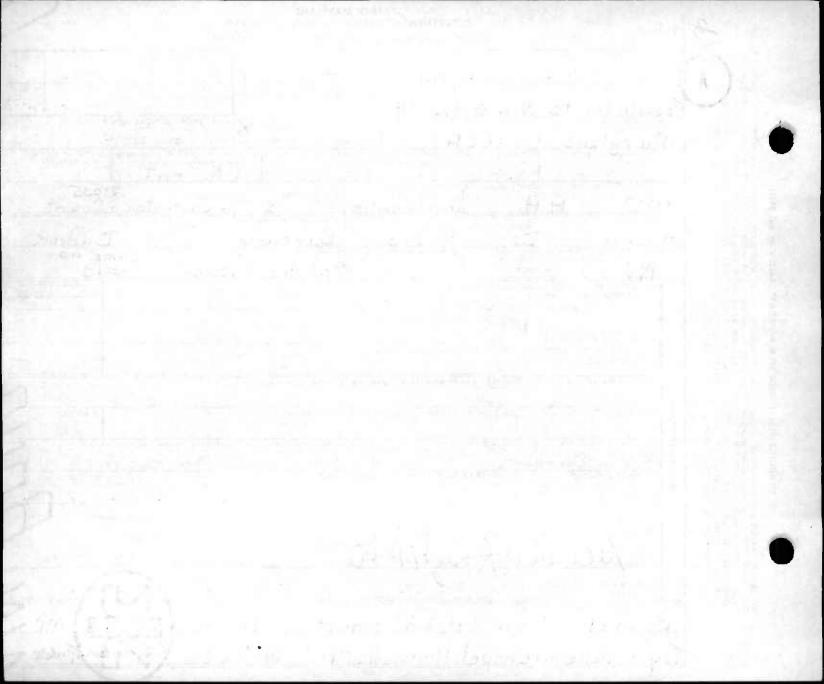
DHMH - 16 50M 4/83 (VRA 15, 4)



DHMH - 17 (VR A15 ME (5) 20M 4/82

	3	11-	FOR STATE REGISTRAR		TATE OF MARYLAND OF HEALTH AND ME INER'S CERTIFIC	NTAL HYGIENE 🚕	REG. NO.	3 5 2	
	1		EASED NAME FIRST	WIDDLE	Fazio	OF	KNOWN X MONT ESTI- MATED 7		OUF
	A STREET	55)	Laura  1. RACE	5. DATE OF BIRTH 6. AGE (IN MONTH DAY YEAR LAST BIRT	YEARS IF UNDER 1 YR.	FUNDER 24 HRS. 2c. DATE HOURS MIN PRONOUN DEAD	NCED	7 12 19 84   H DAY YEAR 24 HC 7 12 19 84   12:	
	NERAL DI NERAL DI NERAL DI NERAL DI NERAL DI NERAL DI NITHIN I NEREZIO	76. BI	RTHPLACE (STATE OR REIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEV	ER MARRIED	ore city or cou	NTY OF DEATH	
	AV IS N MAGE 5	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	OME, OR OTHER INSTITUTI	ION 126 USUAL OCCU	PATION (TYPE OF WOR		ML
21201	ANY DE UND 3 TO RETAIN COULD BE ECORDS	USU / 13a. S		Anne Arundel Gene R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 130. CITY OR TOWN DEVILOSON	ISSION) N 13d. INSIDE CIT	Y LIMITS? . 13e. STREET ADDRE	mestou	21035 n. Court	
WD.	DEATH. IF GES 1, 2, W PM 3. AND 2 S. OF VITAL	14. F/	THER'S NAME FIRST	MIDOLE FOZIO	15 MOTHER	S MAIDEN NAME	HIDDLE	Dudak	-
ALTIMORE	JASS AFTER DE.  J. GIVE PAGE WITH FORM P. PAGES 1 All DIVISION OF		VAS DECEASED EVER IN U.S. ARA				ADDRESS Sa	me as	
N ST., B	NE SKA TO		DART I DEATHLANGE CAMEER	y one couse per line for (o), (b), and (c).) BY: E CAUSE (a) Blunt trauma	to chest			APPROXIMATE INTERVA BETWEEN ONSET AND DE	
PRESTON	AL HYC	7	Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENC					
, 201 W.	CUTED W IN PENG EXAMIN RIAL - TR VD MENT		cause (a) stating the <u>under</u> lying couse lost.	DUE TO, OR AS A CONSEQUENC					
RECORDS	ULD BE EXECUTED "PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND ME IL, CREMATION,	NOI		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE T					
VITAL R	もちまいらず	RTIFICA	190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OF				20 AUTOPSY?  YES 🛣 NO [	
ION OF	A ARTICOL A STANDARD	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF E		84 Driver	in auto/fixed			ì
DIVIS	WRITIN WRITIN WARDED AGE 3 S	MED	WHILE NOT WHILE AT WORK	Ite PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.)  STREET.	Rt. 2	south of Ann		A.A., MD.	
	MANNER: THE CATE BRE FOR SECTOR: I		1.33	e of the remains described above, held or	n Autapsy X, Suicide , Homicia	Inspection . Inquiry	and in my	apinian	
	S S O W S S		1/1/0.	C + A / / 1 / 1	TITLE (SP	ECIEV)			

7/12/84 EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. 111 Penn St. Balto, Md. Davidsonvi



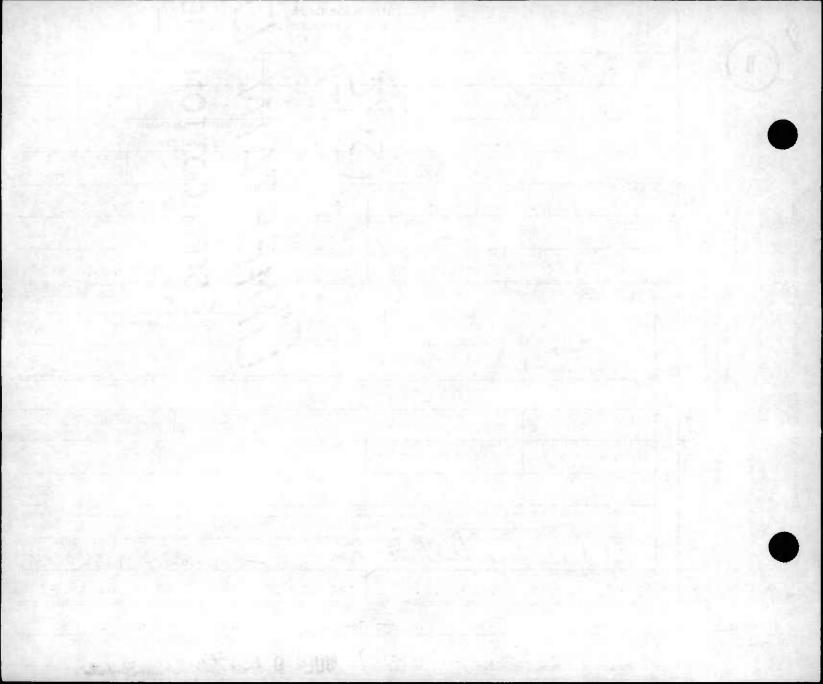
AND AND AND AND AND ADDRESS OF THE PARTY OF

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	? ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pag	١
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120	with:	
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\$	1,	FOR STATE	DEPA	RTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HY(	GIENS 4	173	) ~ (
	4	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	o.	
		ECEASED NAME FIRST	MIDDLE	LAS	T	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR
ay be		Ryland	1 %	Fort	More	2	UN 19 84	10 DM
	3 S		4 RACE	5. DATE OF MONTH	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT		
- 54 BA		Male	White	11	10 1906	1 77	YRS. MONTHS DAYS	S HOURS MIN
(A)	70.	BIRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTE	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
5 5 5	5	Virginia	U.S.A.	WIDOWED	DIVORCED [	Anne	Thumbal	MD.
the fundamental	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	EWORKING LIFE) INDUSTRY	OF BUSINESS OR
The file is	115	INDOOLS	OTHER INSTANTON GIVE RESIDENCE BE	OCIV	ursing Hon	NO (abinet	Maren	
ly filled in should be should be	> 1		omery Rockvi	lle	3d. INSIDE CITY LIMITS? YES NO 🔀	202 Mc Aul	iffe Drive	20908
mpletely and 2 st	7- 14.1	Lazaneth	Font		S. MOTHER'S MAIDEN NA	WIDDLE	Richard	åson
S - S - S - S - S - S - S - S - S - S -	160	WAS DECEASED EVER IN U.S. AR		V	ין די יון אומריד ין י	ADDA	Ellersville	Md. 21080
be exe	M	TES, NO OR UNKNOWN) (IF TES, GIVE	214-92-	0532	las. Antoines	te Cohill 2		ount
physicie poper movol vent, the	Г	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly ane couse per the for (a), (b).		- Amel	-1	APPRO BETWEEI	DXIMATE INTERVAL N ONSET AND DEATH
# G C E >			E CAUSE (a)	ralen	r Nools			
ending corb n, or r			DUE TO, OR AS A CONSE	DUENCE OF	2 00 0 5	Celon E M	Tools	
deat atter nove ofton, troum		Canditions, if any, which gave rise to immediate	(b) X	Cyre	nomer ;	Cetton E 14	ecesian	
by the ase rer	13	cause (a), stating the underlying cause last	DUE TO, OR A CONSEC	JUENCE OF	5 Luci	= Aser	tis	
signed Then pled to buriol	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING 1	O DEATH BUT N	OT RELATED TO THE TERA	AINAL DISEASE OR CONU	DITION GIVEN IN PART	l(a)
- y	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS LISED
he lov on. hos b t perm ene p	) E				N TO STATE OF	YES NO	IN CERTIFYING CAUSE	ES OF DEATH?
N. Thysicicote rousit Hygic	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		TIE HOW INJURY OCCUR			
SICIAN ng phy priod-tro	6	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR				
¥ 5 5 5 5 €	MEDICAL	21d INJURY OCCURRED	216 PLACE OF INJURY		III. LOCATION			
G Preser the server of the ser	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TOW	/N COUNTY	STATE
A Af		22a.1 certify that (1) (this hospit	tal) attended the deceased from	m	1. 19 23	, toe	19: 19 64	, that (I) (ye) last
R ATTEN hospital ned for up tot of H		sow the deceased alive on above. (1) (we laid) (did no	view the body after death.	0 7 and	that in (my) (our) opinion	death accurred on the da	ite and hour and from th	e causes stated
O . = + = =		27h SIGNATURE		DE	GREE	/		TE SIGNED
# H + H + H + H + H + H + H + H + H + H		allyrie		N	1 ATTENDING PHYSICIAN	MEDICAL STAF		20.84
HOSPITAL HOSPITAL FUNERAL Wold be det h the State		22d PHYSICIAN'S NAME (TYPE OF			220 ADDRESS Sun	to 101 0	7.1	
TO HOSPITA retained by TO FUNERA should be de with the Stat	L	DR. E. V.	EYRIAC. M	1.0	14 Well Les	m ove	renoun	re -
	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. 9 ATE /84 2	art Lin	coln eneter	Brentwood	Prince	Maryland
BP	7A	/II /	d		1 100 000	TE REC'D. BY REGISTRAR	Janea	
DHMH - 16 50M 7/77 (VR A 15 (4))	7/1	purviain & Tick	eck Rds. Pasa	dena, Id.	Land July	2 3 1984	Jourdson-R	indelle :

Gold at 11 years the second of the books Division of the second of the Lacard and Lacard Company the property that the said best statements from land, work said in the west of the example of the land will be a land of the land of Table 1. It is not a few or a few or the feet of the denied 7/5/04 " and Lincoln greetery newboard white hard AND A STATE OF THE STATE OF THE

	1	FOR - STATE REGISTRAR			DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENES 4	0.	7 8	5 3
		CEASED NAME	FIRST	1 - 2 - 2	WIDDLE	ı	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
			ELSIE			FRI	END	JULY	73,	1984	8:30 A
	3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEA	AR IF UNDER 24 HRS
no		FEMALE		CAUC	ASIAN	Sept	22 1900	83	YRS	MONTHS DAT	S HOURS MIN,
00	1	irthplace (state)		U.S.		WIDOWE		Anne Aru		Y OF DEATH	MD.
	Ar	napolis		ANNE	ARUNDEI	L GENE	DROTHER INSTITUTION CRAL HOSPITA	120 USUAL OCCUPAT LITYPE OF WORK FOR MOST OF Housewif	F WORKING LI		Home
3	USU 13e	AL RESIDENCE (IF NO STATE WV	113b COUN	OTHER INSTITUTION	Romney	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 480 Evere	ett Pl	ace 9	4449
4	14 F.	ATHER'S NAME FIRST Thoma		WIDDLE	Rhodes		15. MOTHER'S MAIDEN NA FIRST Marga	ME			LAST
n		VAS DECEASED EV		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	SS		
e		No	(17 16 3, 010	E WAR OR DATES	213-22-	-3381	Guthrie F. A	lvarez, Ed	lgewat	er, Mo	1. 21037
ony injury, or other troumotic	CERTIFICATION	Conditions, if o gove rise to i couse (0), sto underlying cos PART 2 OTHER SI	mmediate sting the use last. GNIFICANT (	DUE TO, CO	-	OUENCE OF	NOT RELATED TO THE TERM	NIMAL DISEASE OR CON	20b IF YE	S, WERE FINE	DINGS USED
1	TIF							YES TO NOT		FYING CAUSI ES 🗍	ES OF DEATH?
Sem Park		210. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER NOTIFY M	CAUSE OF DEA	dr.	DF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2	
orked of	MEDICAL	WHILE NOT AT WORK	VORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFIC	E. FARM, ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n Z1 is mo		22a. I certify that sow the dece above, (1) (we	nsed alive on		10		d that in (my) (our) opinion	deoth occurred on the d			-, that (I) (we) lost he couses stated
T. If her		226. SIGNATURE	tu	Free	flel			MEDICAL STA	FF IAN []	22c. DA1	TE SIGNED
/ APORTA		ROBERT	M. GR				139 OLD SC		SLAND	RD.	ANNAPOL:
		BURIAL, CREMATION SPECIFY) Burial		236 DATE 7/6/84		George	Cemetery OR CREMATORY	Swanton		rett	Md. STATE
87	24 F	INERAL DIRECTOR Shaffer F	Keith uneral	S. Sha Home,	ffer ADDRESS Inc., Ro	omney,	WV WEEGE O	1004 1 a	1000000-3100	RAR'S SIGN	ATURE



campletely filled in by the fu I and 2 shauld be filed with

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n signed by the attending physician

O FUNERAL DIRECTOR: After this certificate has been

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MEDICAL

FOR - STATE

REGISTRAR DECEASED NAME

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND **CERTIFICATE OF I**

MENTAL	HYGIENE	
DEATH		

	REG. N	10.					
	2a DATE OF DEATH	HIMOM	DAY	YEA	R	2b. HOU	R
		7	13	84	+	11	Рм
	6. AGE (IN YEARS LAST B	IRTHDAY)	IF U	NDER I Y	EAR	IF UNDER	24 HRS
			MON	IHS: DA	175	HOURS	MIN.
4	70	YRS					
	9 BALTIMORE CITY	OR COUNT	Y OF	DEATH	1		
	Anne Ar	runde	1_	Co.			MD.
	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Salesm &	OF WORKING		INDUST	RY	t.E	
						0	1 1

344	Joh	nn Al	len		Fus	S			7	13	84	11	PM
SE)			4 RACE white		5. DATE O			YEARS LAST BIRT	HDAY)	IF UND	ER I YEAR DAYS	IF UNDER HOURS	AIN.
BI	nale  RTHPLACE (STATE OR FI  OUNTRY)  Iaryland  TY OR TOWN OF DEA		76. CITIZEN OF V U . S		MARRIEI WIDOWE G HOME O	NEVER MARRIED	9 BALTIMO Anr	DRECITY OF	unde	1 C	O .	F BUSIN	MD ESS OR
1	Lothian			Greenoc		d.		rk for most of Lesma			ons	t.E	qui
	TATE  Md.	13b COUP		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Lothia	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET 5463	ADDRESS /	zip con		d d	20-	711
FA	THER'S NAME FIRST Otis		MIDDLE Shton	Fuss		15 MOTHER'S MAIDEN NA/ Jessie	ME	Este	lle		Lyn		
	(AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES?	577-07-		Grace A.	Fuss	5463 Loth				Rd. 711	
	18 CAUSE OF DEATI PART I. DEATH W	H (Enter or AS CAUSE IMMEDIA)	nly one couse per DBY: TE CAUSE (0)	line for (a), (b), one	loci	biosis				F	APPROXI BETWEEN C	MATE INTE	PAL DEATH
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate g the	(b)	R AS A CONSEQUE									
2	PART 2. OTHER SIGN		ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE OR CON	DITION G	IVEN IN	PART 1sc	1	
ILICAI	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	OPSY?	IN CERT		E FINDIN CAUSES		TH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC.)

NOT WHILE 228.1 certify the (1) this hospital) attended the deceased from sow the deceased after an arms of 13 19

and that in (my) (aur) opinion death occurred on the date and have and from the causes stated

STAFF

sow the deceased alive on above. (i) we) (did) (did nat view the body alter death DEGREE 22c. DATE SIGNED

22e ADDRESS

DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

COUNTY

STATE

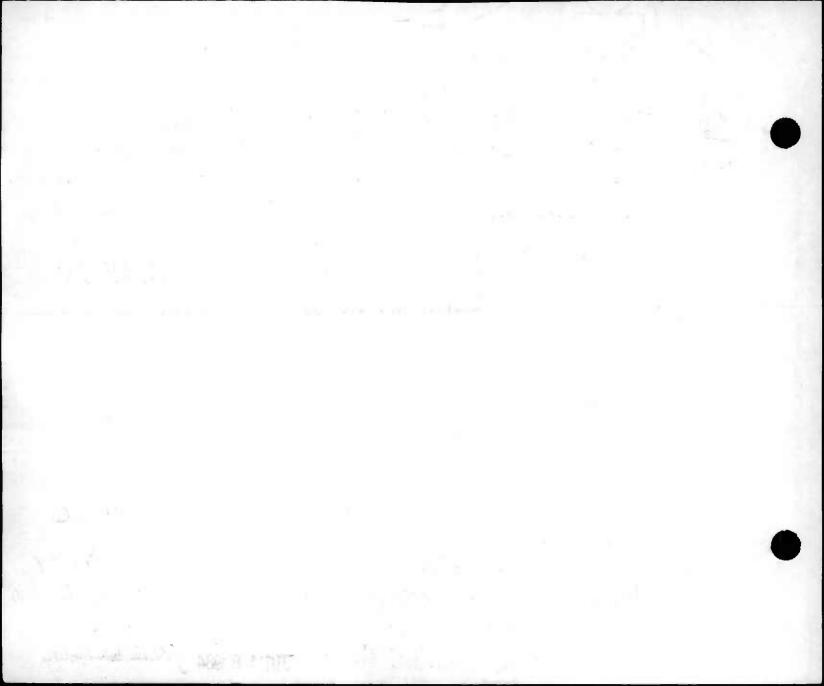
23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 7/16/84

Sorrows West River, Md. Our Lady of

DHMH - 16 50M 4/83 (VRA 15, 4)

hould be detached for with the State Dept. of P

24 FUNERAL DIRECTOR 12ADDRsidgely Ave. Ann. Md. 21401 Hardesty Funeral Home



# STATE OF MARYLAND

E	O	44	

1 -	FOR STATE REGISTRAR		DEPARTMENT OF CERT	HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. N	0.	
NI	CEASED NAME FIRST HE	HARD	Bernhard	anda anda	2a DATE OF DEATH	7/17/84/	HOUR 195 M
3. SE)	Male	1. RACE	25100	108 /36 YEAR	6 AGE (IN YEARS LAST BIR	7 YRS. MONTHS DAYS HE	JNDER 24 HRS.
JA	RTHPLACE (STATE OR FOREIGN COUNTRY)  KARTA JUDIUSIA  ITY OR TOWN OF DEATH	JUDONE  IL NAME OF HO	SIA WIDOV	NEVER MARRIED DIVORCED DO OR OTHER INSTITUTION	ANNE A	PRUNDEL 6.	MD.
	AMADOI'S	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)  A A L 1+05  VE RESIDENCE BEFORE ADMISSION	PITAL Hospital	DIRECTOR	T. T. SCO UT	AMA
130 S	DONESMA	NTY II	JAKARTA		I3e.STREET ADDRESS	AUM LABOL	77
	OSCAR VAS DECEASED EVER IN U.S. AR	MIDDLE	ANDA  BOCIAL SECURITY NO	ADELEIDA L	MBAS	(AST	
		VE WAR OR DATES)	SOCIAL SECORITY NO	SITI KOESUM		ETOETI GANI	2A
	II CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA		ne for (a), (b), and (c)	lung cance	v	APPROXIMATI BETWEEN ONSE 2 Y E	ars
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	(b)	AS A CONSEQUENCE OF				
NO	(und	abso	ess	JT NOT RELATED TO THE TERM			
CERTIFICATION	19a DATE OF OPERATION		ON FOR WHICH OPERAT	-	YES NO	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	MONTH DAY YEA		RED (ENTER NATURE OF HOJU	IRY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF	INJURY T. FACTORY, OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	22a.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	JULY	17 1984	and that in (my) (aur) apinion of	death occurred on the d	late and have and from the cau	
	22b. SIGNATURE	x E.S	Lelouily,	DEGREE ATTENDING PHYSICIAN  1228 ADDRESS	MEDICAL STA	FF CIAN   22t. DATE SIG	84
	STUCUTE.	Selon	icu, uno.	51 Franklin	St. Al	huapolis, ll	id.
230. E	BURIAL-REMOVAL	13b. DATE	84 JATIF	STAMBURAN	JAKAR	TA INDONESI	STATE
TA	Mor Junes	on CHAPE	L ANNAPO	1403 MD 100 DAT	T 8 1984	Prince Devices	LIL.

BP. DHMH 16.50M-4/83 (VRA 15/4)

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a shauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 11 shows any injury, or other traumatic event, it

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
STATE	CEPTIFIC ATE OF DEA

AND MENTAL HYGIENES

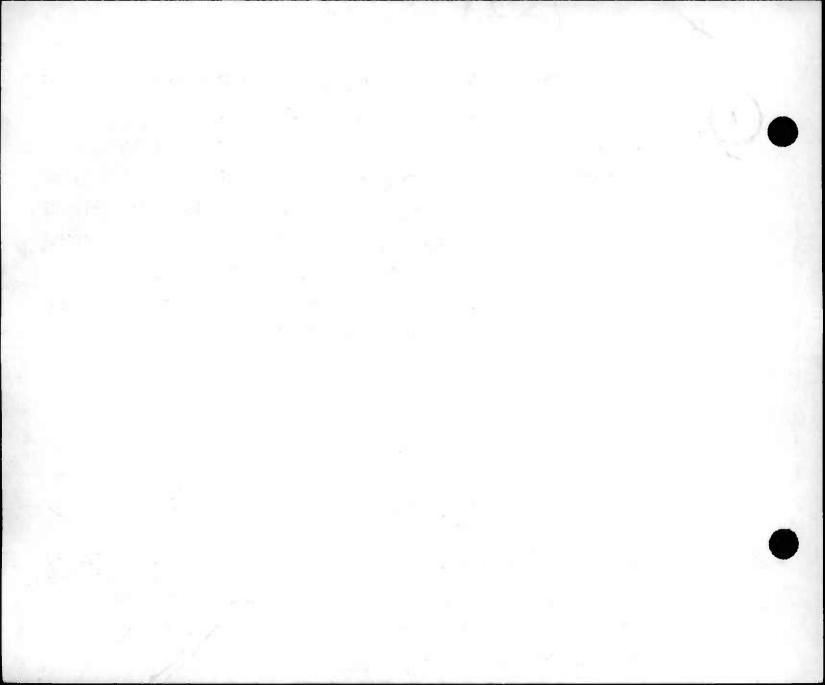
1 -	REGISTRAR				CERTIF	ICATE OF DEAT	H		REG. NO.		EDT
	CEASED NAME	FIRST	A	AIDDLE	ı	AST	2	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
( I I TE	ORPRINT	<b>GEORG</b>	E I	F.	GAR	RDNER		JULY	4, 1984		9:45 A
. SE	X		4 RACE		5. DATE C		1 -	AGE (IN YEAR	IS LAST BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Whit		Sep			82	YRS		HOURS MIN.
	RTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARR	IED D	BALTIMORE	CITY OR COUN	TY OF DEATH	
A	4 County		USA		WIDOWE	DIVORC	ED 🗍		ARUNDEL		MD.
0. CI	ITY OR TOWN OF D	EATH		HOSPITAL, NURSING HEACHLITY, GIVE STREET		OR OTHER INSTITUTI		120 USUAL OC	CUPATION OR MOST OF WORKING		F BUSINESS OR
-	GLEN BURN			TH ARUND		PITAL		Retire			enter
3e. S	AL RESIDENCE (IF NO	136 COUN		13c CITY OR TOW		13d INSIDE CITY LI	MITS?	3e.STREET AD	DRESS / ZIP CO	DE.	01074
-	aryland	I A	4	Hanover	`	YES NO			imber R	idge Dri	ve 210/6
4. FA	THER'S NAME		MIDDIE	LAST		15. MOTHER'S MAI			MIDDLE	LAST	ccttt
	Thomas		J.	Gardne		Mary	Eliz	abeth		Gri	ffith
	VAS DECEASED EVE yes, no <u>o</u> r unknown)		MED FORCES? E WAR OR DATES)	16b SOCIAL SECT		17 INFORMANT			ADDRESS	10	
	No			213-12-8	8665 A	Vida M.	Grit	fith,	Same as		
	18 CAUSE OF DEA	ATH (Enter on	ly one couse per	for (a), (b), or	die C	zrmel	Mau	11	1/11/4	BETWEEN	MATE INTERVAL DISET AND DEATH
	TAKI I DEATH		E CAUSE (o)	MIZEN	0 ()	Trial o	10/14	- 10		20	114
			DUE TO, O	Me/MCONSEAN	ENCE OF	2 nouel	the	7.C.	wollens.	4.	
	Conditions, if on		(b)	CVCTVV	W I	1100000	VI	(0	J. Cy W		
	couse (a), sta	ting the	DUE TO, OF	R AS A CONSEOU	ENCE OF				. /		
	underlying cou	se lost.	(c)								
7	PART 2. OTHER SIG	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE C	OR CONDITION C	SIVEN IN PART TO	3
CERTIFICATION											
CA	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	)	200 AUTOPS		YES, WERE FINDIN TIFYING CAUSES	
RTIF			4			10				YES	NO 🗌
	210. ACCIDENT WAS U		1100100 4	finjury M. Month D	AY YEAR	21c HOW INJURY	OCCURRE	D (ENTERNATUR	RE OF INJURY IN ITEM 1	8 PART I OR PART 7)	
CA	(IF EITHER NOTIFY ME	DICAL EXAMINER	P./		19						
MEDICAL	214 INJURY OCCU		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE,	FARMETC)	211 LOCATION STREET			TITY OR TOWN	COUNTY	STATE
		WHILE D		1 6	1/19	8/4			eff		
	22a I certify that			deceosed from	11	, 19		to		19	that (we) last
	sow, the dece	osed olive on (did) (did no	) view the bod	ofter death.			apinion de	oth accurred o	on the date and h	nour and from the o	
	22% NGWAYORE	4	٨	- 1		DEGREE ATTEN	IDING	MEDICAL	STAFF .	22c DATE	SIGNED
	Kan	LD.	w	-		PHYS		DIRECTOR		1/4	14
	27d PAVSICIANO	march 1	EPENIT!			22e ADDRESS 5	17 EM	IPIRE T	OWERS 73	310 RITCH	IE HWY.
	CALVIN	F. FU	HRMANN,	M.D.		G	LEN B	BURNIE,	MARYLAN	ID 21061	
	BURIAL, CREMATION	N, REMOVAL	236 DATE	23α	NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATE		COUNTY	STATE
	Burial		July 4	4,1984 G1	len Ha	ven Me. P		Glen	Burnie	AA	MD
24. FI	UNERAL DIRECTOR			ADD@F SS			25a DATE	REC'D. BY REC	ISTRAR 251 REG	STRAR'S SIGNAL	HRE COLL
	James	S. Kir	kley, G	len Burni	ie, MD		101	101	384 Ma	A A CONTRACTOR OF B.	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

IMPORTANT: If them 21 is marked or Item 18 show pany injury, or other troumatic event, the medica

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 the retained by the haspital or attending physician.



20M 4/82

STATE OF MARYLAND

BUTELLY TO THE Clea Garne Mores Aran sel Hoge . . . . . 100 A.A. KING FOR STORE STORE 112 13-960 -Parale milarent Hirest State of the same was

	1-	FOR STATE REGISTRAR	1		STAT DEPARTMENT OF POLICAL EXAMINI		MENTAL HY		REG. NO.	186	Ú
		CEASED NAMI	Frederic	KERICI	<	erst, STr.	54	DEA	C KIND TILL	MONTH DAY	84 0315 M
	Ma.	11-7-11	White	June 6, 1	year 6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS DAYS	HOURS	MIN PRONC	ounced EAD July 17	7. DAY	84 0315 DM
35	7a Bli	RTHPLACE (S	TATE OR	76. CITIZEN OF WH.	AT COUNTRY?	MARRIED   N	VEVER MARRIE	D X PBAL	ne Arunde	COUNTY OF DE	ATH
54		aryland Tyortown	OF DEATH	11. NAME OF HOSP	PITAL, NURSING HOME, HITY, GIVE STEF Andel, Hospit	OR OTHER INSTIT		12e USUAL OC	CUPATION (TYPE OF WORKING LIFE)	F WORK 12b KIND OR II	OF BUSINESS NDUSTRY
35	130 5	ryland	(IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSAU 13/ CITY OF TOWARD	13d. INSIOI		123 MD.	Route #3		
20	14 FA	THER'S NAME FIRST rederic	k i	MIDDLE Joseph:	Gerst, Si	c. A	HER'S MAIDEN		MIDDLE L.	Abe	
1	{YI	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. ARA	WAR OR DATES)	213/90/759			Gerst,	ADDRESS Sr. (Fathe		as #13
CREMATION, OR REMOVAL	NO	Canditia gave ri couse (o lying cou	ns, if any, which se to immediate stating the <u>under-</u> ise lost.	E CAUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUENCE CO	)F	ION GIVEN IN PART	,	Hr	est.	
BURIAL, O	TIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPPRA	ATION WAS PERFO	DRMED?				TOPSY?
25	CAL CERTI	UNDERLYING	NG CAUSE OF D	P.M.	MONTH DAY YEAR		RY OCCURRED	(ENTER NATURE C	OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
21201 PRI	MEDI	21d. INJURY ( WHILE AT WORK	NOT WHILE C	21e PLACE O STREET, FACTO	PENJURY (AT HOME, ORY, FARM, ETC.)	21f LOCATION STREET	1-5/2	CITY O	RTOWN	COUNTY	STATE
LIMORE, MARYLAND,	/	death result	Mulus Natur	TO A	P. Ju		695 Amo	Undetermined	d manner .	DATE SIGNED	1035
BAI	(5	PECIFY)			23c. NAME OF CEA 984 Glen Ha			23d. LOCATIO CITY OR TOWN Glen B	urnie i		MD.
5))		inglet	10111	Telle ADDRESS 1 Home Gle	en Burnie,	Md.	250. DATE R	L 19 K		RAR'S SIGNATUR	andette.

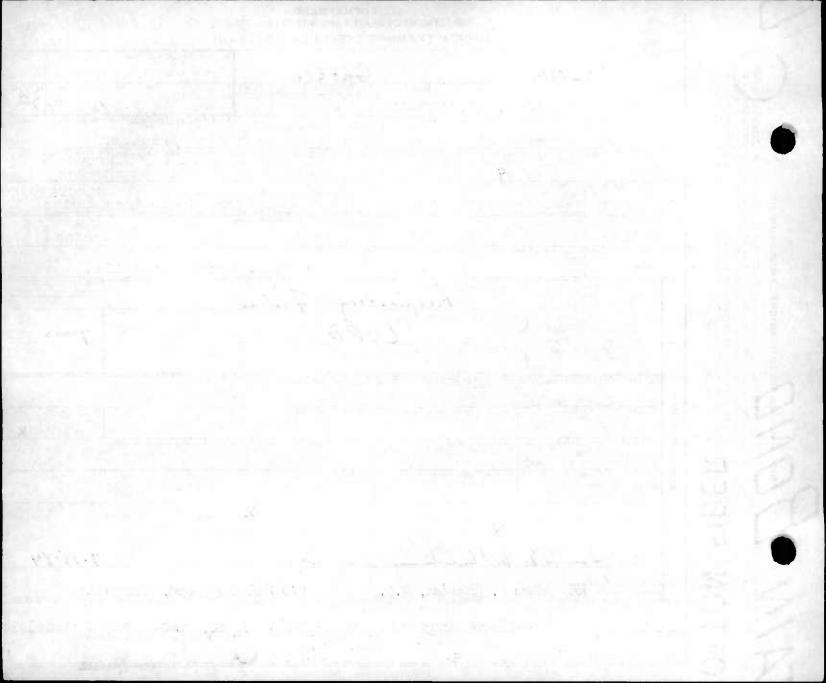
DHMH - 17 (VR A15 ME (5)) 20M 4/82

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Letter Burker L. Commence L. C Charles of the conf Brood Charast Haloy 1 3 384 M. Est.

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STATE OF MARYLAND



executed within 24 hours ofte

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

REG. N	10.				EDI
20. DATE OF DEATH	HINOM	DAY	YE AR	2 b	HOUR
TITI V	11	10	0.4	100	OF

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1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.		EDT
1. DÉ	CEASED NAME FIRST		MIDDLE	- L	AST	20. DATE OF DEATH	MONIH	DAY YEAR	2b HOUR
{ TYPE	JOSEPI	H Fred	derick GR	EIF		JULY	11,	1984	1205 AM
3 SE	Х	4 RACE	5	DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
N	Male	White	1	Nov.	11, 1914	69	YRS		HOURS MIN.
7a. Bl	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	AAA DDIE	EXNEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
200.00	aryland	U.S.A		MIDOWE		ANNE AR	UNDEL	COUNTY	MD.
	ITY OR TOWN OF DEATH			HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	F BUSINESS OR
8.	GLEN BURNIE	NORTH	ARUNDEL H		TAL	Truck Mech		Sun	Oil
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODI	=	
Ma		e Arundel		nie	YES NOTE	732 East			21061
_	ATHER'S NAME FIRST	MIDDLE	t AST		15. MOTHER'S MAIDEN NAM	ME	10.1	tAS	1
	Bernard		Greif, Si	r.	Mary			Groom	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURIT	TY NO.	17 INFORMANT	ADDR	ESS		
		V. II	216/03/454	42	Mrs. Martha	Greif (Wife	) Sai	me as #	
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN PUPUL 19a DATE OF OPERATION 7-9-84	DUE TO, O  DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS CE  196 COND  RUM	RAS A CONSEQUENT  RAS A CONSEQUENT  ONTRIBUTING TO DE-  BIODIMINA  ITION FOR WHICH OF  PRICED ABO	MYOC CE OF CE OF ATH BUT PERATIO	ADMC AND NWAS PERFORMED NAL ANEURYS	AINAL DISEASE OR CON HUBYSM 200 AUTOPSY? MYES NOTE	206. IF YE IN CERTII	VEN IN PART II	NGS USED
	DE CONTRIBITING CYTES OLT		M. MONTH DAY		THE HOW INJURY OCCUR	RED TENER HATURE OF PHIL	ats in its will.	FREE I CREARIZE	
MEDICAL	214 INJURY OCCURRED	21e. PLACE	M. OF INJURY RET FACTORY, OFFICE, FARE	19 w. E/C)	21F LOCATION	CITY OF TO	26474	COUNTY	STATE
2	AF WORK A NOT WHILE	-		* 0		1	11	al	-
	27s.1 certify that if (this has say the decoused slive above, (1) (we) (did) (did)	pm +-1	1- 10 8		nd that in the (our) opinion	death accurred on the d	ate and hos		
	226 SIGNATURE	-/ h 11	10.1.10		DEGREE ATTENDING	DICAL STA	**	220 DATE	SIGNED /
	100	ven	a uno	113	PHYSICIAN I	DIRECTOR   PHYSI		7	11-84
	234 PHYSICIAN'S NAME (119	Selling -	n n		ne ADDRESS 784	5 OAKWOOD I	ROAD S	SUITE 20	11-84
720 5	ADLFO G. TO	RRES, M.		ME OF C	PHYSICIAN 784  THE ADDRESS 784  GLEN BURN	FORECTOR PHYSICAL IS OAKWOOD I VIE, MARYLAI	ROAD S	SUITE 20	)1
	ADLFO G. TO	RRES, M.	23c. NA		PHYSICIAN  171+ ADDRESS 784  GLEN BURN  EMETERY OR CREMATORY	IS OAKWOOD I	ROAD S	SUITE 20 1061	)1 STATE ryland
	ADLFO G. TO	RRES, M.	23c. NA		GLEN BURN EMETERY OR CREMATORY idge Mem. Prk	IS OAKWOOD I	ROAD S ND 21 How	ard Ma	oll state ryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be erained by the haspital ar attending physician. BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours oft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, arremoval.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner marked of the attended.

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEF

RTIFICATE OF DEATH	REG. NO.		
LAST	2a DATE OF DEATH MONTH	DAY YEAR	26 'HOUR
RIFFITH	7-2	7-84	8:30 %
ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
AONTH DAY YEAR		MONTHS DAYS	HOURS MIN.

(TYPE OR PRINT) 4. RACE 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** o. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED Md Greenoc 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY housewife househol USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COUNTY
1136. CITY OR TOWN 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13 e.STREET ADDRESS / ZIP CODE A.A. Md. 5515 Co. Lothian YES [ NO KIX Greenock

FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MA		NAME		LAST	
James	Odie	Moreland	Anni				Carr	
160 WAS DECEASED EVER		166 SOCIAL SECURITY NO.	17 INFORMANT		ADD	8508	Kingshil	1 R
no		212663163	Harry	L.	Griffith	Germa	anttown, M	d20
18 CAUSE OF DEAT PART I. DEATH V	H (Enter only one couse pe VAS CAUSED BY: IMMEDIATE CAUSE (o)	(1000 -	ARIZES	st			BETWEEN ONSET A	TERVAL ND DEATH
Conditions, if any gove rise to im cause (a), stati underlying cause	DUE TO, Co, which (b)_mediate	OR AS A CONSEQUENCE OF CONTROL OF CONTROL OF CONSEQUENCE OF	FAIL					

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M

214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE STREET (AT HOME STREET, FACTORY OFFICE FARM ETC NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the note and hour and from the causes stated

sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 73a BURIA CITY OR TOWN Lothian

7/30/84 Mt Zion 24 FUNERAL DIRECTOR 12 Ridgely Ave. Hardesty Funeral HomeAnnapolis, Md. 21401

MIDDLE

A.A.

STATE

Md.

Co.

DIRECTOR PHYSICIAN

DHMH - 16 50M 4/83 (VRA 15, 4)

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CERTIFICATION

FOR - STATE

REGISTRAR I. DECEASED NAME

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the distributivation, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers, Pages 1 and 2 should be filled, thus 22 has a after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical azanines.

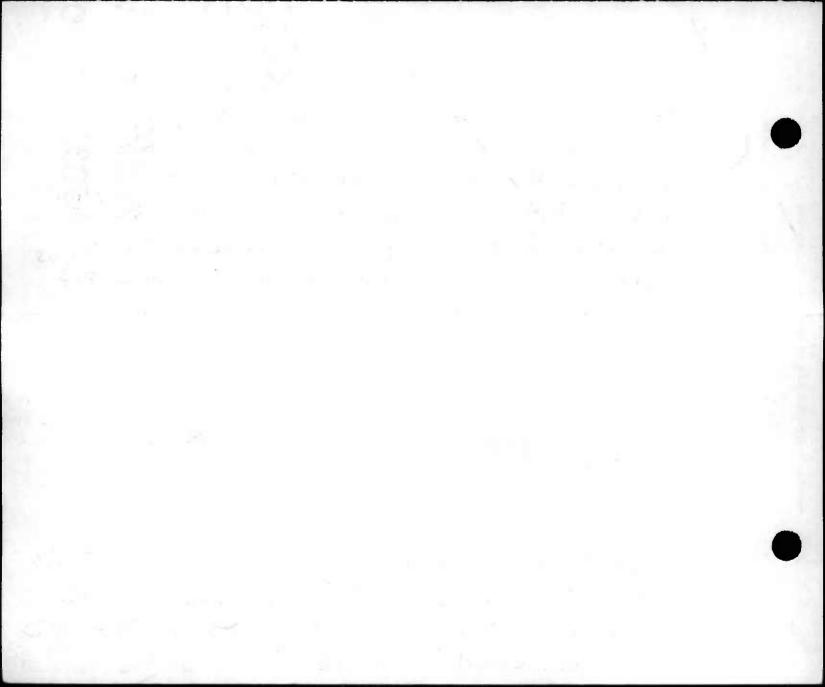
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1 -	FOR STATE		EALTH AND MENTAL HYGIE	ENE 🥨 😘			4
Ł		REGISTRAR		ICATE OF DEATH	REG. NO.			
I		EASED NAME FIRST	1.		20 DATE OF DEATH MONI			HOUR
Į	11112	MARY	ElizabethGROS	ECLOSE	7	+	84 .	510/PM
ł	3. SEX	4.	RACE 5 DATE C		& AGE (IN YEARS LAST BIRTHDAY			UNDER 24 HRS
ľ	F	emale C	aucasian Oct	7 32 1911	1010	YRS.	DAYS HO	OURS MIN.
ł		THPLACE I STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8	7. 00,	BALTIMORE CITY OR CO		TH	
4	119	DUNIKY)	MARRIEI	~ /	Anna Ann	101-	0.	
ł	IB CIT	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME O		12a USUAL OCCUPATION	126 K	IND OF B	USINESS OR
7	0	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WOR			00111200 011
4	TISTIA	1 PECIDENCE (IE NUBSING HOME OF OU	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	ieral Hospital I	H11121		11	. 1
	13a S	TATE 136 COUNTY	A CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	214	01
1	1	UD H.F	1. Hnnapolis	YES NO [	209 Claud	estr	eet	-
П	14. FA	THER'S NAME FIRST	DLE O LAST	15. MOTHER'S MAIDEN NAM	E MIDDLE	0	LAST	
1	(1	Jarren E	. Gradbury	Ida 1	sabelle	Bru	18	
T		AS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDRESS	5	amo	و من
1	14	ES TO OK THENOWN) (IF TES, GIVE W	220-46-8312	Mary Ann	McCamm	m-	井	3
ř		18 CALISE OF DEATH (Enter poly of	one couse per line for (a), (b), and (c).	BFLUNG			PPROXIMAT	E INTERVAL ET AND DEATH
I	- 1	PART I. DEATH WAS CAUSED B	DI.	MARK OILS:	I AND PLATE			
ı	- 1	IMMEDIATE C	CAUSE (O) C/QCINOMA					
I	- 1	m to a constant	DUE TO, OR AS A CONSEQUENCE OF					
ı		Conditions, if any, which gove rise to immediate	(b)					
ı	- 1	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF					
ı		onderlying coose lost	( <sub> c</sub> )					
ı	,	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITIC	ON GIVEN IN PA	ART Ira	
4	CERTIFICATION							
	CA	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		. IF YES, WERE I CERTIFYING CA		
1	ETE				YES NO	YES 🗌	1	40 🗌
1		71a. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN I	TEM 18 PART I ORP.	ART 2)	
ł	¥	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19					
1	MEDICAL	21d. INJURY OCCURRED	71e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COU	VIV	STATE
ı	Σ	WHILE NOT WHILE AT WORK	. (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SIREET	CITTORTO			31416
ı		22a.1 certify that (I) (this haspital)	offended the deceased from	. 19	to	19	tho	t (I) (we) lost
ı		saw the deceased alive on	19	nd that in (my) (our) apinion de		nd hour and Ira		1. 1
ı		obove, (I) (we) (did) (did not) v		DEGREF		770	DATE SIG	NED /
ı		1R10	/w 2 / la	ATTENDING	MEDICAL STAFF	_	7/	1/84
┩		224 PHYSICIAN'S NAME (TYPE OR PR	D C C G	22e ADDRESS	DIRECTOR PHYSICIAN		-/-	/ / 0 /
Į		21 + 2	100.3	La Val	~ 0	120	T.	
4		Nobert D	iern (III)	101 rrankli	in St. tinno	100115	11/1	<u>ی</u>
		URIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF C	EMETERY OR CREMATORY	73d LOCATION	CONT		STARE
	C	remation J	W142,1944   Ceda	11TH YS	Dutland	17.	5-	MD
	24 FI	NERAL DIRECTOR	ADDRESS	250 DATE	REC'D. BY REGISTRAR	REGISTRAR'S ST	GNATURE	Tollo
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DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT

FOR

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

- STATE REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR FIRST TYPE OR PRINTS 4 RACE 5 DATE OF RIPTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS SEX MONTH DAY YEAR ack Tuly 1914 YRS BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 7h. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 12n USUAL OCCUPATION NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Arund Ann USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13a. STATE 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 36 YES Y nnapol NO IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Gross 60. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO INFORMANT LYES, NO OR UNKNOWNI LIF YES, GIVE WAR OR DATEST 10 18 CAUSE OF DEATH (Enter only one couse per line for Jo), (b), and (c) PART I. DEATH WAS CAUSED BY etastas IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 200 AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES T NO T 710. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE T WORK AT WORK 228.1 certify that (1) (this hospital) attended the deceased from. July sow the deceased alive on\_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 22h SIGNATHRE DEGREE ATTENDING MEDICAL STAFF MZE PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS CHARLES W KINZER MD ANNAPOLIS. MARYLAND 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN HNNAPOLIS 250. DATE REC'D. BY REGISTRAR 16. REGISTRAR'S SIGNA 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15. 4)

DIRECTOR:

FUNERAL

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Personal VIII van Ett. SILE STRANGER MATTER ATTACHED TO SERVICE STRAINS ANTER ANTER TRANSPORTER AND ANTER AN A Third temil ect " Wite Sub poge 3

STATE OF MARYLAND

FOR STATE REGISTRAR		D		EALTH AND MENTA CATE OF DEATH		REG. NO.			EM		
1. DECEASED NAME  TYPE OR PRINT)	ELLA	MILDRE	D HALLIN		OF DEATH M	31, 10	84 12	HOUR 208 AM			
3. SEX Fema		Cauc.	5. DATE O	DAY YE		(IN YEARS EAST BIRTH	MONTHS		INDER 24 HRS		
70. BIRTHPLACE (STATE COUNTRY)  Virgin		U.S.A. WIDOWE		NEVER MARRIE	D	ANNE ARUNDEL CO			OLNTY ME		
GLEN BUR		NAME OF HOSPITAL,			TYPE OF	IAL OCCUPATION WORK FOR MOST OF OUSEWI	WORKING LIFE IND	KIND OF BL USTRY	JSINESS OR		
Maryland	136 COUNTY A.A.		or town  en Burni		109	Fernd:	ZIP CODE ale Rd.	21	061		
14 FATHER'S NAME FIRST Georg	re S.		LAST <b>r</b>	15. MOTHER'S MAID  Ethel		M.	F	ears	on		
160 WAS DECEASED ET (YES, NO OR UNKNOWN	VER IN U.S. ARMEI	AR OR DATES)	3-12-044	17 INFORMANT 8 Micha	el R.	ADDRES Hallin	an, Sr.	306 Ave.	Mary 2106		
PART I. DEAT	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE ID  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which  CONSEQUENCE OF  Conditions to immediate										
gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											
NO 19a DATE OF OP	ERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a /	AUTOPSY?	20b. IF YES, WERI IN CERTIFYING YES	CAUSES OF			
OR CONTRIBUTING	CAUSE OF DEATH	P.M. 21e. PLACE OF INJUR		211. LOCATION	OCCURRED (ENI	ER NATURE OF INJURY		PART 2)	STATE		
220 I certify the	226 I certify that (I) (this haspital) attended the deceased from 121 1987 to 131										
1226. SIGNATURE	S NAME (TYPE OR PE	RINT)  OOPNICK, M.	V	DEGREE ATTENI PHYSIC  22e ADDRESS RAND	DING MEDICIAN DIRECT	CAL STAF	F IAN D	DATE SIG			
23a. BURIAL, CREMATI	ON, REMOVAL	23b. DATE 8-2-84	23c. NAME OF C	EMETERY OR CREMA SVILLE CO	ATORY 23d.	ocation city of town Stevens	rou	(Quee (Anne	n)		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by this should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
Raymond C. Fink

Glen Burnie, Md.

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# STATE OF MARYLAND

ŀ	1 -	STATE	DEPART	CERTIFICAT	E OF DEATH					
ŀ	DEC	REGISTRAR EASED NAME FIRST	MIDDLE	TAST		REG. NO	MONTH DAY	YEAR	2b. HOUR	-
		OR PRINT)	M	Ц	hocz	7	,/ (	34	7:048	) M
ŀ	SEX	011115111	RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIR		RIYEAR	IF UNDER 24 MR	5
ľ	, JEA	Ŧ	W	нтиом	3 40	44	YRS	DAYS	HOURS MI	4.
7			CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	_			
l		argo Md	IISA	WIDOWED	DIVORCED [		AA	G	, ,	MD.
l	O CIT	VNAPO(15	. NAME OF HOSPITAL, NURSING IF NOT IN SUM FACILITY GIVE STREET		HER INSTITUTION	(TWE OF WORK FOR MOSTO	WORKING LIFET IND	KIND OI USTRY	F BUSINESS C	)R
ľ	JSUA 13a. S	L RESIDENCE (IF NURSING HOME OR OT) TATE  13b COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	NSIDE CITY LIMITS?	136.STREET ADDRESS	ZIP CODE	Tis 1	Blud	ij
1	4. FA	THER'S NAME INTERIOR END	In th	JR /	OTHER'S MAIDEN NA	MARIE	D	OV4	2	
1		(AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN)	PAR OR DATES) 217 36	17. IN 8764 7	ohn G HI	ANNON #	13			
F		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), or	nd (c).)	4 '	-+	1	APPROXU	MÅTE INTERVAL ONSET AND DEAT	н
ı		PART 1. DEATH WAS CAUSED E		MI-C	andles o	ulla				
ł			DUE TO, OR AS & CONSEQU	ENGE OF	1 . 1.	1				
l		Conditions, if any, which	( 16) Deale	ue la	tocedo	31				
		gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS ACONSEQUENCE OF (C)								
l	NO	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing</u> to	DEATHBUT NOT	HELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN IN	PART 110	,	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	S PERFORMED	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?		
1	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART ?)		_
١		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR						
١	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f	LOCATION	CITY OF 10	WN CC	UNTY	STATE	_
ı	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC )	STREET	CHTOKTO			2.771	
I		22a. I certify that (I) (this hospital	) attended the deceased from		19	, to			that (I) (we) l	ost
ı		saw the deceased alive an_ above, (1) (we) (did) (did not)	19_		t in (my) (our) opinion	death occurred on the d	ote and hour and f	rom the	couses stated	
		226. SIGNATURE	view the body offer death.	DEGR				c. DATE	SIGNED	
ı		~ ^	1 5		ATTENDING PHYSICIAN	MEDICAL STA				
		THE PHYSICIAN'S NAME OF THE DAY	Eller 1	-ICHTER	ADDRESS ISTEIN					
1	23a. 8	BULAL REMOVAL	7/15/84 23c	HAME OF CEMET	ERY OR CREMATORY	23d LOCATION ANNOP	olis Ai	0	md	li d
1	74.7	Interal DIRECTOR F. H.	12 Ridgely XX	C ANNINOU	13 md 1111	TE REC'D. BY REGISTRAR	256. REGISTRALS	SIG M	HALES.	1

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the the should be detached for use as the burial-transit permit. Then please remave carbanpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

MPORTANT: If Nem 21 is morked or Item 18 shows ony injury, ar other troumatic event, the medical exor



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DIRECTOR:

DHMH - 16 50M 4/83 (VRA 15, 4)

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST LAST 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OF PRINT) ALBER' 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 905 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? NEVER MARRIED MARRIED ANNE ARUNDEL COUNTY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17 OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ARUNDEL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? ADDRESS / ZIP CODE 106 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SEC YNO 17 INFORMANT OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on, , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DAJE SIGNED 22b. SIGNATURE DEGREE TENDING \* MEDICAL STAFF PHYSICIAN DIRECTOR 224 PHYSICIAN'S NAME (TRUBERRY) ADDRESS GLEN BURNIE MARYLAND 21061 DAT TITE C CATALINIEN CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOGATION TY OR TOWN anone BY REGISTRAR 256 REGISTRAR'S SIGNATURE NERAL DIR 25a. DATE REC'D

11-451-69-65 | 26-54 | X-2 Three | X | 25-55 | X | 25mid the Control of the Sungal Doorsh Henry alice of Livelle Wheel Heading Health was for By the Carried Some Comment Consessed forther when it value of the transfer of the t the state of the s

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical examples to the second of the medical examples of the second of the seco

must be notified of pace

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE
CERTIFICATE OF DEATH	

8 4		1	1	3	0	7
	REG. N	10.				EDI
DATE OF	DEATH	MONTH	OAY	YEAR	2b b	IOUR

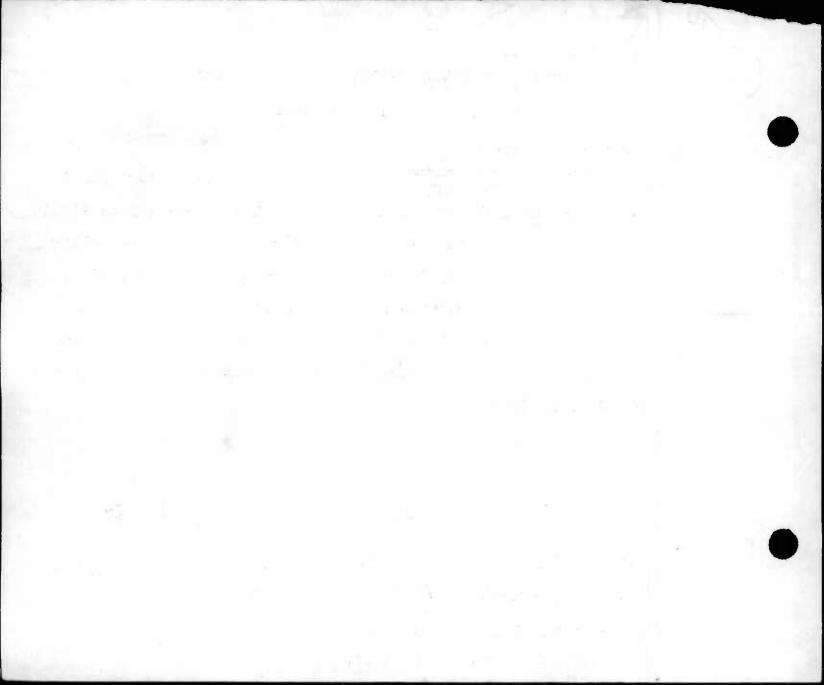
1-	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL H		NO.	, 0	EDT		
	CEASED NAME	FIRST		WIOOFE	l	AST	20 DATE OF DEATI		OAY YEAR	2b HOUR		
(TYP)	ORPRINT	HENR	Y	EDWAR	D HARR	IS	JULY	10	5, 1984	747 A		
3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS		
-	MALE		CAUCA	SIN	MONTH 1	31 1896	6 88	YRS	MONTHS DAYS	HOURS MIN.		
7a. 8	RTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF		TRY? 8		B BALTIMORE CIT		OF DEATH			
	Maryland	3	U.S.A		WIDOWE	D NEVER MARRIED	ANNI	E ARUNDI	EL COUN	TY MD.		
	ITY OR TOWN OF D			HOSPITAL NI	IRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR		
		RNIE	VOR		DEL HOS	PITAL	Self-	Emplo	-	ming		
13a. S	AL RESIDENCE (IF NO STATE Md .	13b. COU		13c. CITY OR	sefore admission) town Bernie	13d. INSIDE CITY LIMITS?				1061		
14. FA	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAS			
	Spedde	en	0.	Harr		Annie			Lohmul			
	VAS DECEASED EVE	R IN U.S. A	RMED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	AD	DRESS				
	No	(IF TES. C	IVE WAR OR DATES	217-3	6-0357	Dorothy 3	Johnson Sa	ame As	# 13			
	18 CAUSE OF DEA	ATH (Enter o	nly one couse pe	r line for (o), (b	), and (c).)				BETWEEN	MATE INTERVAL DISET AND DEATH		
	PART I. DE ATH		ED BY: ATE CAUSE (0)	Card	112aul	nonemu	arrost		Imn	red.		
		provide Dir		R AS A CONS	FOLIENCE OF	, , , , ,						
	Conditions, if or	v. which	( ib) (	2000	100 N	eart blo	ek		11114	eK5		
	gove rise to in	mmediate	)	DAS A CONS	EQUENCE OF	1		1				
	underlying cou		(6)	Those		tie card	10 Vascerdo	v disa	ase U	1-1915		
	PART 2. OTHER SIG	GNIFICANT			TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONDITION GIV	EN IN PART Lie			
O	menal	Insi.	et 1010	nou								
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION OR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?					
TIFK				,			YES TO NOT	YES NOT YES NO T				
CER	210. ACCIDENT WAS U	INDERLYING (	216 TIME C		0.111 VE.10	21c HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART 2)			
	OR CONTRIBUTING			.m. MONTH	DAY YEAR	}						
MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATION		R TOWN	COUNTY	STATE		
\$	WHILE NOT	WHILE	(AT HOME ST	REET, FACTORY, OF	FICE FARM, ETC }	SIREEL		KIOWN	COOM	STATE		
	220 I certify that		oital) attended, tl	he deceased fr	om . 12/4	17 19 8	4 10 VIU	15	19.84	that (I) (we) last		
	sow the decer	sed alive a	- Jule	1.15	601	nd that in (my) (aur) apini	on death occurred on h	e date and hou	r and from the	couses stated		
	22b. SIGNATURE	(did) (did n	ot) view the body	Aetter death.		DEGREE			22c DATE	SIGNED		
	Xha	6	KN	)(Ow)	m	ATTENDING	MEDICAL S	TAFF	11/1	12/5/1		
	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS		OD ROAD	SHITT	100		
	1 RA	10	9PLAN	/ /	MID	GLEN 1		YLAND 2		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
23a. l	BURIAL, CREMATION	N, REMOVA	L 23b. DATE		23c. NAME OF C	EMETERY OR CREMATOR	23d LOCATION	v .	COUNTY	STATE		
		ation	7-16	-84	Securi	ty Process		imore	COUNT	Md.		
24 F	UNERAL DIRECTOR			ADOR		25a C	DATE REC'D. BY REGIST	AR 25h. REGIST	RAPS SIGNAT	URE		
Ms	Nabh Fr	inera	1 Home	Cati	onevil.	I P. Md.	111 1 7 108	(Z) Turia	v Daydson	-fandell		

Funeral Home, Catonsville, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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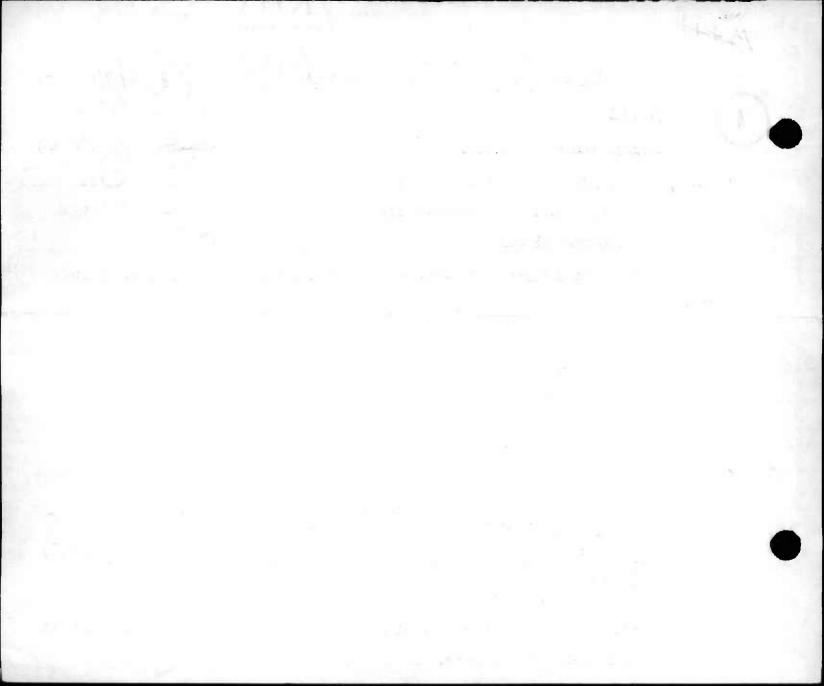
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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH  REG. NO.										
1		CEASED NAME OR PRINT!		11-01	MIDOLE	2a. DATE OF DEATH MO	DAY YEAR 26. HOUR				
- 1		FACO	1	UIDSON	WILLIS	4.465	AY) IF UNDER 1 YEAR IF UNDER 24 HRS				
_	3. 5E)		RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.				
	7. 00	male	b. CITIZEN OF WHAT C	OUNTRY? !	Jan. 24, 1913	9 BALTIMORE CITY OR C	YRS PEATH				
51	(	COUNTRY)	S. CITIZEN OF WHAT C	MARRIE		A BALTIMORE CITT OR	A A A A Constal				
		Pennsylvannia	U.S.A.	WIDOWE	D DIVORCED DIVORCED	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR				
3	A	mapolis	ANNE A CUO		oral Hospital	TYPE OF WORK FOR MOST OF W					
7	USU/ 30. S	AL RESIDENCE HE NURSING HOME OR CONTACT		DENCE BEFORE ADMISSION) Y OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z					
4		aryland Q.A.		vensville	YES 🔀 NO	Bay City 16					
//	14 FA	ATHER'S NAME	IDDLE	LAST	15 MOTHER'S MAIDEN NAM	AE MIDDLE	LAST				
U		Dr. Raymond Hea	1431								
	16a ∨	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRESS					
		Yes WW2 & Ko	rea 188	3-03-5040	Edna R. Head	ock, Stevens	ville, MD 21666				
		18. CAUSE OF DEATH (Enter only one couse per line to; (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  UNG CANCE 2									
П											
1											
	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or condit	ION GIVEN IN PART 1(a				
1	A.	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	OB IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?				
	TIFIC					YES NO					
7	AL CERTI	216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MC		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)				
	MEDIC	21d INJURY OCCURRED  NOT WHITE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO	IRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		220.1 certify that (I) (this haspite saw the deceased alive an abave, (I) (C) (did) (did)	7/2/84	19, ar	d that in (my) (am) apinian a	to 7/2/87 death accurred an the date	and haur and from the causes stated				
		22c DAJE SIGNED									
1		22d. PHYSICIAN NAME, TYPE OR	PRINTI TKIN	S	22e ADDRESS	DIRECTOR PHYSICIA					
		BURIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE				
		Burail	07/06/84	Arlingt	on Natl. Ceme						
	_	UNERAL DIRECTOR	,		25a DAT	E REC'D. BY REGISTRAR 256					
	T	om Helfenbein Fu	me ral Home	s, Chester	, MD	9 1984	" Lary disary - 1				



STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been uign should be detached for use os the busind-transit permit. Then with the State Dept. of Health and Mantal Hygiene prior to bi

TO HOSPITAL OF ATTENDING PHYSICIAN. The lo

(VRA 15, 4)

	1.					STATI	OF MARYLAND				1 8	1 2
	1.	FOR STATE			DEPARTA		EALTH AND MENTAL HYG	IENEO 4	-	/		
		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			EDT
		CEASED NAME	FIRST		AIDDLE	ı	AST	20. DATE OF	DEATH MONT	TH D	AY YEAR	2b. HOUR
100	111116	OK PRINT)	DONAL	D	NMN	HESSI	NGER	.ππ	I.Y	29	1984	1011 044
	1 SE	х		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YE	ARS LAST BIRTHDAY		ONTHS DAYS	IF UNDER 24 HRS
		Male	B .	W)	nite	May	22, 1909		75	YRS.	DATE OF THE PROPERTY OF THE PR	Mooks Anic.
11		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMOR	RE CITY OR CO	YTAUC	OF DEATH	
1/		ew Jersey		U.S	.A.	WIDOWE		Δ	INE ARII	MDEI	COLINI	Y MD.
	19/91	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL C	CCUPATION FOR MOST OF WOR		12b. KIND O	F BUSINESS OR
09	1	GLEN BURN	IE		H ARUNDEL		TTAL.		ing Cle		Nabi	sco
61	USU,	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET A				
12		aryland	1	Arunde			YES NO X		Delma_	Ave	nue 2	21122
11	-	ATHER'S NAME					15. MOTHER'S MAIDEN NA			W. F.Y.		
LH	V	William		P.	Hessinger		Margaret		H.		Rosch	
8 ,		WAS DECEASED EVER	IN U.S. AR	MED FORCES?	16h SOCIAL SECU		17. INFORMANT		ADDRESS			
18	(	YES, NO OR UNKNOWN)	Non	E WAR OR DATES)	212.07.4	168	V. Lucille H	essing	er (Wif	e) 9	Same as	13
y							V. Bactife i	7) /	1 -			MATE INTERVAL
i i	PART I. DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO. OR AS A CONSEQUENCE Of  Canditions, if any, which											2 Amms
2												4
OWA												m
110	gove rise to immediate											
9	cause (a), stating the underlying cause last.											
ō	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE VARMINAL DISEASE OR CONDITION G									ON GIVE	N IN PART 1	a ·
Code	Z O	1/1	arcit	1/10	MALOS	am/h	15 -1711					
X	CERTIFICATION	19 DATE OF OPEN	TION	19b. CONO	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY 20t	. IF YES,	WERE FINDI	NGS USED
12	¥			0	1			YES 🗔	NOM	CERTIFY	ING CAUSES	NO [
0	1	218. ACCIDENT WAS UN	DERLYING [	216. TIME C			21c. HOW INJURY OCCUR		I OF WHIRY IN I	TEM 18 PA	RT ( OR PART 2)	
19	1000	OR CONTRIBUTING		AID.	M. MONTH D. M.	AY YEAR			1			
= /	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION			-		
p a	1	WHITE D HOT W	est 🔲	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	-	CITY OR TOWN		COUNTY	STATE
mar	-57	22s.1 ceptify that (I		toli attended to	e doesed from	01	10 0	1 10	29	1	. 4-16	that (I) (we) last
#	13	say the deceas	ed olive or	-7/	10	L/1.00	nd that in (my) (our) opinion	death occurred	d on the date a	nd hour	-	, , ,
10		27% TIGHATURE	did) (gid)	al view the body	oftek death.		DEGREE	1	100	-	77c DA7E	SIGNEDY _
-	14	VALS: 1	700	1161			ATTENDING	MEDICAL	STAFF		7/3	30/81
3-1	1	THE PHYSICIAN SA	AME THE	0/1	1		PHYSICIAN 2220. ADDRESS	DIRECTOR	PHYSICIAN	<u> </u>	4/	y y
1 081	12	1			1			5 HOSPI	'IAL DR		/	/
§ -	102	HILARY	11 11	HERLIN	M.D. 123	LAME OF C	EMETERY OF CREMATORY	Na Day Tak seak	NE NAME	7106	1	,
		BURIAL, CREMATION,						CITY	ORTOWN		COUNTY	A JOO
	74 E	Buria.	1/12	TAUG 2	1984 Me	adowr:	dge Mem Park	E RECID AV P	idge ·	REGIST	oward /	Olbe Olbe
/82	13	NAME	713	Unice	ADDRESS		_	[31	984AR 25b.	Olo ( P	THE C THE	ONE
	51	ngleton Fi	inera.	nome,	Glen Bur	nie. N	1D 100					

TO ENGLISH TO STATE AND VALUE TATTECH REPORT AND THE PROPERTY. SIS TENSIFICAL DR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages Tood 2 should be filled within 72 hours afti with the State Dept. of Health and Mental Hygene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked Oriter 18shows any injury, at other troumatic event, the medical enaming in the page of any

STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

C March F/H Inc. 1101 E North Ayenue

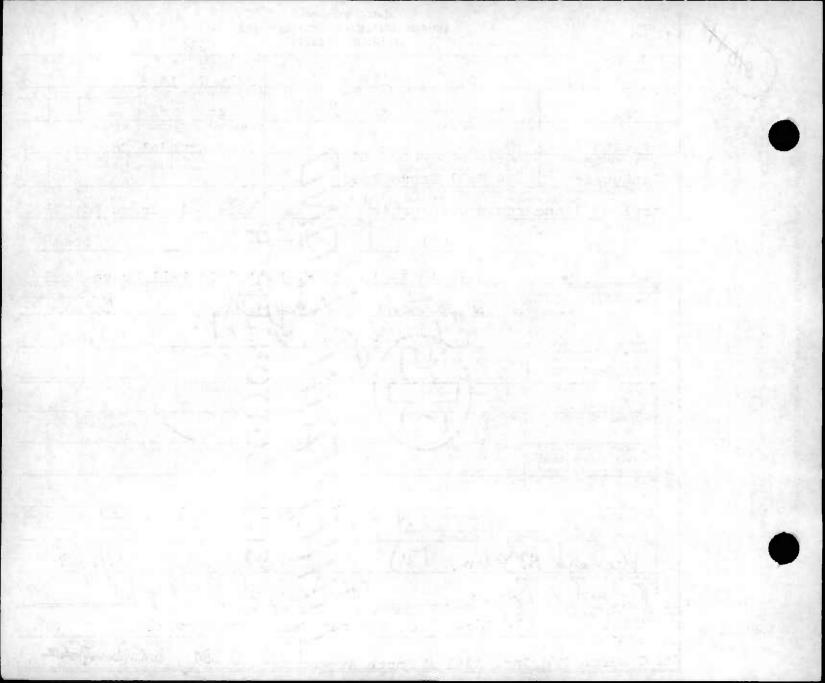
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	REGISTRAR		CERTI	TURIL OF E	LATIN	RE	G. NO.			
	EASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEA	тн момтн	DAY YEAR	2b HC	OUR
(1110)	Lloy	rd 0.	Hil	.1		July 7	. 1984	1		м
3 SEX		4. RACE	5. DATE (			6 AGE (IN YEARS L		IF UNDER 1 YEA		DER 24 HRS
1	Male	Black	6 6	DAY 2	22	62	YRS.	MONTHS DAY	S HOURS	MIN.
7a. BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D A NEVER A	AARDIED	9. BALTIMORE C	TY OR COUNT	TY OF DEATH		
	ryland	U.S.A.	WIDOW		ORCED	Anne A	rundel	Co.	Md.	MD.
10. CIT	Y OR TOWN OF DEATH		AL, NURSING HOME (	OR OTHER INST	ITUTION	12a USUAL OCCI		LIFE) INDUSTR	OF BUSIN	NESS OR
	enburnie	6024 Bel:	l Grove R	load		(TITE OF WORKTON	1001 01 110111110	Life / HADOSTA		A DA
USUA 13a S	L RESIDENCE (IF NURSING HOME TATE 13b. CO		IDENCE BEFORE ADMISSION) TY OR TOWN	113d. INSIDE C	ITY LIMITS?	13e. STREET ADDR	RESS			
		neArundelG.	lenburnie	YES 🗌	NO [X	6024 B	ell Gr	ove R	d. 2	21225
14. FA	THER'S NAME FIRST	MIDDLE	LAST		FIRST	ME	DLE		LAST	
	Ll oyd	W.	Hill		rance	S			ones	5
	'AS DECEASED EVER IN U.S	GIVE WAR OR DATES)	OCIAL SECURITY NO.	17. INFORMA	NT	A	ADDRESS			
7	es es	21	6-12-5651	Mary	F. Hi	11 6024	Bell			
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause per line far	- Allerton	0.1	120	-00	-11-6	BETWEE	OXIMATE INT	TERVAL ND DEATH
		IATE CAUSE (a) Hy	pertensive	Usel	Myster	pally		134	Rev	0
		DUE TO, OR AS A	CONSEQUENCE	1 -11.	Voo	+)		121	~ .	
	Conditions, if ony, which gove rise to immediate	( (b) (i)	luce all	ryceim	us of	4/1		4	(20)	1.00
	couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF	0						
	underlying cause lost.	(c)								
7	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART	1(a)	
MEDICAL CERTIFICATION	IN DAYS OF OPERATION	The Company	CONTROL OPERATION		050	Las AUXORSVI	Lant IF V	CC MEDE ENG	D II 100	
FICA	19a. DATE OF OPERATION	148 CONDITION F	OR WHICH OPERATIO	N WAS PERFO	KWED	200 AUTOPSY	UN CERT	ES, WERE FINE TIFYING CAUS	ES OF DE	ATH?
ERT	710. ACCIDENT WAS UNDERLYING	716. TIME OF INJU	DV	21. HOW/IN	JURY OCCURR	YES NO		YES 🗌	NO	
CO	OR CONTRIBUTING CAUSE OF	- 110110 1 11 11	ONTH DAY YEAR	211. 110 44 114	JUKI OCCURR	CED (ENTER NATURE C	DE INJURY IN ITEM 18	PARI I OR PARI 2	)	
NG.	(IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED	NER) P.M. 21e PLACE OF INJ	19	211 LOCATIO	N					
ME			TORY, OFFICE, FARM, ETC.)	STREET	714	CITY	ORTOWN	COUNTY		STATE
	WHILE NOT WHILE AT WORK			112	87	-	10	- DU		
	22a.1 certify that (I) (this has sow the deceased alive	1018	V Y	nd that in (my)	(our) apinion o	death occurred an	the date and he	our and from the		(we) last
	above (1) (we) (did) (did	nat) view the body ofter d	eoth.	DEGREE	(out) aprillori	acam occorred an	The date and the	122- 114	TE SUCCES	sioled
- 3	Valund	AV Sum	· MW)	A	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	7/9	184	
	RICHARD A	BAUM		UNIV	exsity	of Ro	1 Hesp	tal	1	
23a B	URIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF C	EMETERY OR	REMATOR	23d. LOCATION				
I	BURIAL	7/13/84	Md. Ve	eteran	Cem.	Crown	rsville	e, COUNTY	I	Mď.
24 FU	NERAL DIRECTOR	WILLIAM I	ADDRESS		25a DATE	E REC'D. BY REGIS	TRAR 256 REGIS	STRAR'S SIGN	ATURE	
Wm		H Tnc. 110		h Arren	JUL	L 9 1984	1 lax	Davidson-i	pande	06

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DOSECTOR. After this certificate has been signed by the ottending physician and completely should be detroched for see on the businest remain permit. Then please remove corbon popers. Pages I and 2 to with the State Dept. of Health and Mental Hygiene great to buriol, cremotion, or removal.

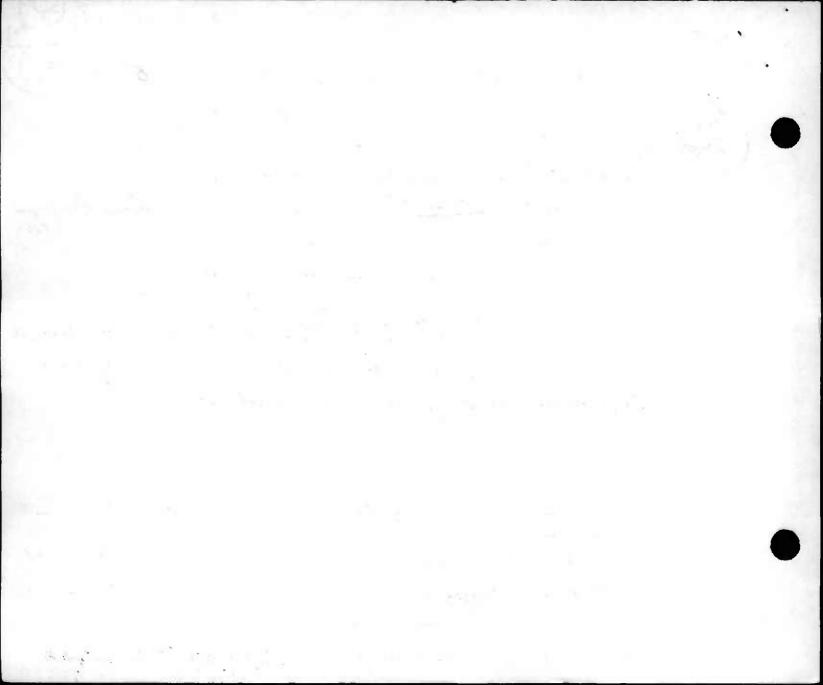
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STATE OF MARYLAND									
DEPARTMENT OF HEATTH AND MENTAL HYGIENE	C								
CERTIFICATE OF DEATH									

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4	FOR STATE REGISTRAR		PEPARTMENT OF HEATH CERTIFICATE			
1 DEC	CEASED NAME FIRST	MIDDLE	LAST	2 a.	REG. NO.	DAY YEAR 26 HOUR
TYPE	ORPRINT) Gdit		41.1	150	7	5 52 120
			10/	/13	(	13 12.19
1. SEX		A. RACE	5. DATE OF BIRTH	DAY YEAR	GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
		Q- 110	4	10 09	75 YRS	
7a. 80	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? B.		ALTIMORE CITY OR COUNT	Y OF DEATH
	ashington DC	USA	MARRIED N		anni Ca	indel.
-	TY OR TOWN OF DEATH		WIDOWED	DIVORCED 12a	USUAL OCCUPATION	126 KIND OF BUSINESS O
2	IT ON TOWN OF DEATH.	(IF NOT IN SUCH ACILITY,			PE OF WORK FOR MOST OF WORKING	
ye	mapour	flowe am	rdel Alher	ME NOTICE	Ret:	
USUA	AL RESIDENCE IN HURSING HOME OF	OTHER HISTORICAL GAVE RESIDE	NCE BEFORE ADMISSION	CIDE CITY HALITES 12-	STREET ADDRESS / ZIP COM	1
134.5	mo A	A De	ORTOWN IN 13d IN	NO D	269 Stell	Edgo Al Edi
14 FA	THER'S NAME	/		THER'S MAIDEN NAME	- Vi - CCC	1
	F#51	WEGLE	LAST	FIRST	MIDDLE	eil (AST
	enry Hagema			Delia		SYT
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC		ORMANT	ADDRESS	
no		578	05 2275 Jar	mes Hollis	# 13	
CERTIFICATION	gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  Decutors  19a DATE OF OPERATION	is where	ING TO DEATH BUT NOT RE	nonia @	D lung	YEN IN ART I IG
E						res   NO
8	210. ACCIDENT WAS UNDERLYING	- 110110 4 14 4401		OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DE	AIR	NIH DAY TEAR			
1 2	21d. INJURY OCCURRED	21e PLACE OF INJUR	Y 211. LC	OCATION		COUNTY STATE
9		(AT HOME STREET, FACTOR	RY OFFICE, FARM ETC )	STREET	CITY OR TOWN	COUNTY STATE
MEDICAL	WHILE NOT WHILE					
MEDI	AT WORK AT WORK		5-17	84	6 July	84
MEDI	22a.1 certify that (I) (Illian horse	6 4.4	ed from 5-17	1984	to 6 July	, 1981, that (I) ( <del>rec)</del>
MEDI	22a.t certify that (I) (the loss sow the deceased alive on above, (I) (wall (did) (did)	6 4.4	th. 19 44, and that i		tototototototototo	our and from the couses stated
MEDI	22a.t certify that (I) (this boys sow the deceased alive o	5 July	19 & ond that i			i inot (ii (ii a)
MEDI	22a.t certify that (I) (the loss sow the deceased alive o above, (I) (wall (did) (did)	5 July	th. 19 44, and that i	ATTENDING	to	our and from the couses stated
MEDI	22a.t certify that (I) (the loss sow the deceased alive o above, (I) (wall (did) (did)	Rinas	th. DEGREE	ATTENDING	DICAL STAFF	our and from the couses stated
MEDI	220.1 certify that (I) (this loss sow the deceased alive a obove, (I) (m) (did) (did) (22b G) GNATURE	Rinas	th. DEGREE	ATTENDING PHYSICIAN DI	DICAL STAFF RECTOR   PHYSICIAN	22c. DATE SIGNED
	220.1 certify that (I) this large sow the deceased alive a obove, (I) (and (did) (did) (22b, e)GNATURE  22d PHYSICIAN'S NAME (TYPE	Prince the body of the dead of the control of the c	DEGREE  Pen, MO  22e A  1, MM, / MY	ATTENDING POPULATION OF THE PROPERTY OF THE POPULATION OF T	EDICAL STAFF RECTOR PHYSICIAN D	22c. DATE SIGNED
23a. B	220. t certify that (I) this long sow the deceased alive a obave, (I) (with did) (did) (27b B) SNATURE  220 PHYSICIAN SNAME (TYPE SURIAL, CREMATION, REMOVA	Prince the body of the dead of the control of the c	th. DEGREE	ATTENDING POPULATION OF THE PROPERTY OF THE POPULATION OF T	EDICAL STAFF RECTOR PHYSICIAN D	22c. DATE SIGNED  2-6-8-9  20 //s, Mc/. 2
23a. B	220.1 certify that (I) this large sow the deceased alive a obove, (I) (and (did) (did) (22b, e)GNATURE  22d PHYSICIAN'S NAME (TYPE	Prince the body of the deal of the control of the c	DEGREE  Pen, MO  220 A  1, MM, / MY	ATTENDING POPULATION OF THE PROPERTY OF THE POPULATION OF T	EDICAL STAFF RECTOR   PHYSICIAN    POP ANNA    34 LOCATION	22c. DATE SIGNED  2-6-8-9  20 //s, Mc/. 2
23a. Bi	22a. t certify that (I) (this loss sow the deceased alive a obove, (I) (m) (did) (did) (22b. G) ATURE  22a PHYSICIAN'S NAME (TYPE FARY)  BURIAL, CREMATION, REMOVA (SPECEY)	Prince the body of the deal of the body of the deal of the body of	DEGREE  DEGREE  DEGREE  Pen, MO  22e A  23c NAME OF CEMETER  Cedar Hill	ATTENDING PHYSICIAN PDI DDRESS FOR BEST RY OR CREMATORY  1250 DATE RE	EDICAL STAFF RECTOR PHYSICIAN PHYSIC	22c. DATE SIGNED  2-6-8-9  20 //s, Mc/. 2

DHMH - 16 50M 4/83 (VRA 15, 4)



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Health and Mental Hygiene

# STATE OF MARYLAND

R			DEPARTA	MENT OF HEALT	H AND MI	ENT AL HYGI	IENE 8	Cont		1	Q		- 40
ATE GISTRAR				CERTIFICAT	TE OF DE	ATH		REG.	NO.			F	DT
SED NAME	FIRST		WIDDLE	ŁAST			20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOU	IR
	<b>ESTEL</b>	LA	Gertrude	HOLMES				JULY	2	9, 19	984	114	4 R
		4 RACE		5. DATE OF BIR	TH		& AGE	IN YEARS LAST	BIRTHDAY)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS
emale		W	hite	May 14,	1900	YEAR		84	YRS	MONTHS	DAYS	HOURS	MIN.
PLACE (STATE ORF	OREIGN	Th CITIZE	N OF WHAT COUNTRY?	8 MARRIED	NEVER MA	APRIED	9 BALTIA	AORE CITY	OR COUN	TY OF DE	ATH		
sylvania		U.S	.A.	WIDOWED		ORCED		ANNE	ARUND	EL C	DUNT	Y	MD
R TOWN OF DEA	TH		AE OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET		HER INSTIT	UTION		OCCUPA	TION TOF WORKING		KIND OF	BUSINE	SS OR
LEN BURN	IE	N	ORTH ARUNDEI	L HOSPIT	AL		Home	maker	_		wn H	ome	
SIDENCE (# NURS					INSIDE CIT	V I IMITO 2	lus etpre	T ADDDES	S / ZIP CO	DE			
land Anne Arundel Miller				10 🔀			an Lan		Rd.	21	108		

7	Unknow	middle n	Topper	FIRST	Unkno		LAST	
		IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO. 214/54/8045	Mr. Arthur		(Husband)	Same as	#13
	Conditions, if ony, gove rise to imm couse (o), stating	DUE TO, O	AAS A CONSEQUENCE OF		*	est x'on	APPROXIMATE INTER BETWEEN ONSET AND	
NO.	()_	IFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVEN I	N PART Ita	

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STATE COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from

sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED STAFF

ATTENDING

PHYSICIAN

22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

BALTIMORE-ANNAPOLIS BOULEVAR

Md.

737 NAME OF CEMETERY 23a. BURIAL, CREM (SPECIFY)

Aug.1, 1984 Our Lady of the Fields Millersville Burial 24 FUNERAL DIRECTOR

-Glen Burnie, Md.

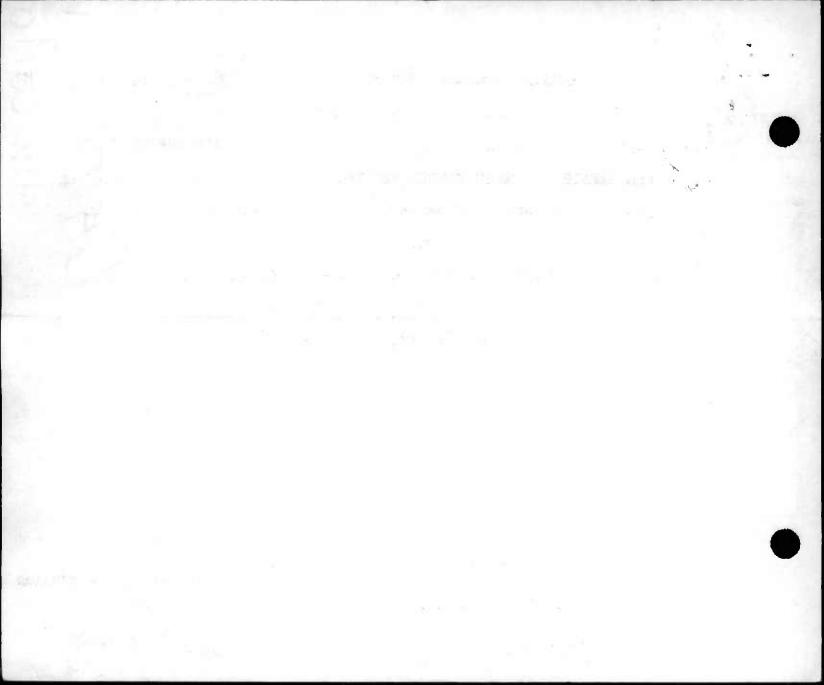
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DHMH - 16 50M 4/83

FUNERAL DIRECTOR:

(VRA 15, 4)



OR	DEPARTMEN
STATE	

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CFRTIFICATE OF DEATH

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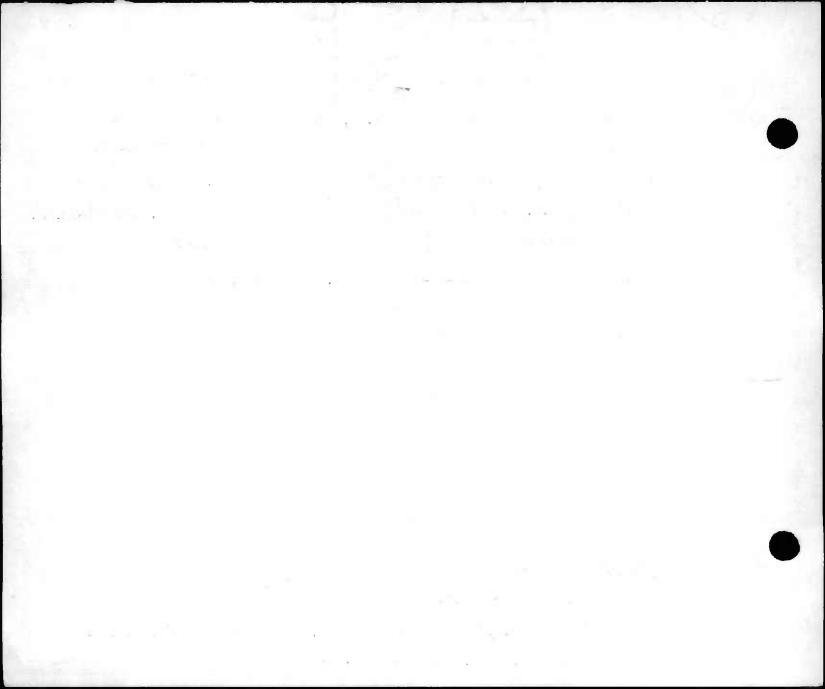
		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	).		EDT
1	I. DEC	EASED NAME	FIRST	5-1	MIDOLE	E	AST	20	a. DATE OF DEATH	MONTH DAY YE	1.0	h HOUR
	[ ITPE (		ERBERT		J.		HOOD		JULY 30,	1984	1	L:30 P <sub>M</sub>
I	3. SEX		4.	RACE		5. DATE C		6.	AGE (IN YEARS LAST BIRT			FUNDER 24 HRS
ı	1	Male		Whis	te	Oct	3 1912		71	YRS		
1	4.00	THPLACE (STATE OR I	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	DENEVER MARRIED	_ ¹	BALTIMORE CITY OF	COUNTY OF DEA	rH	
2	Ma	initland		U.	)A	WIDOWE	DIVORCED [			DEL COUNT	_	MD,
1	1	Y OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET RTH ARUND	ADDRESS]	SPITAL		to USUAL OCCUPATION  Type of work for most of  Supt. Mary	WORKING LIFE) INDU	ind of B stry iduck	BUSINESS OR
Y	13a. S1	L RESIDENCE (IF NURS	13b COUNTY		GIVE RESIDENCE BEFORE  LET DUR  LET DUR	N.	134 INSIDE CITY LIMITS		STREET ADDRESS / 1412 Rowe	0 /12/4	61 urni	ie.Md.
1	4 FA1	THER'S NAME FIRST	Inknow	OOLE 2	LAST		15. MOTHER'S MAIDEN I	NAME	Uknown	L	LAST	
		AS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECL	JRITY NO.	17 INFORMANT		ADDRE	SS		
	1	No	( )		216-10-3	307 A	Mrs. Fannie	2 Ho	od Same az	above		
1		18. CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b) on	d (c).)				A -A BET	PPROXIMA WEEN ON	SET AND DEATH
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 2 12 1 Part of Control of Co										
1	- 1	DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if ony, which gove rise to immediate										
1		couse (a), statir	ng the	) DUE TO, O	R AS A CONSEOU	ENCE OF	21					
١		underlying couse	lost.	(c)_								
	7	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMIN	AL DISEASE OR CONE	ITION GIVEN IN PA	RTTo	
	TIO		71011	Lian conto	TION FOR WHICH	CDED ATIO	NAME OF DESCRIPTION		28 AUTORSY2	206 IF YES, WERE F	INIDINIO	CHCED
	CERTIFICATION	19a DATE OF OPERA	HON	196 CONDITION FOR WHICH OPE		OPERATIO	PERATION WAS PERFORMED		YES NO	IN CERTIFYING CA	USES O	
7		210. ACCIDENT WAS UN		216 TIME C	FINJURY M. MONTH D	AY YEAR	21c HOW INJURY OCC	CURRED	ENTER NATURE OF INJUR	Y IN ITEM TO PART I OR PA	RT 2)	
	CAL	OR CONTRIBUTING		1	Μ.	19						
1	MEDICAL	21d INJURY OCCUR	RED		OF INJURY REET, FACTORY OFFICE.	FARM FIC )	211 LOCATION		CITY OF TOV	vn COUN	IΤΥ	STATE
	2	AT WORK AT WO	RK				2					
		22a.1 certify that (1)		) ottended th		V Ca	. 19_0	<u> </u>	_, to	19		ot (I) (we) last
		sow the deceas above, (I) (we) (	ed olive on did) (did not) :	view the body	ofter deoth.	J '	nd that in (my) (our) opini	non dec	oth occurred on the do			
		22b. SIGNATURE			,		DEGREE	c /	MEDICAL STAF		DATE SK	GNED
		14 M.	Con	ah	Man	200	PHYSICIAN		DIRECTOR PHYSIC			
	- 1	226. PHYSICIAN'S N.	AME (TYPE OR P	RINT)	2 1 -	100	72e ADDRESS 3236	6 MC	DUNTAIN ROA	AD		
		HAMID	A. TOW	HIDIAN	, M.D.		PASA	ADEN	NA, MARYLAN	ND 21122		
		URIAL, CREMATION,	REMOVAL	23b DATE		NAME OF C	EMETERY OR CREMATOR		236. LOCATION	COUNTY		STATE I
		Buri	al!	Aug. 2,	1984 91	en Ha	ven Mem. Park		Ylen Burk	ie, A.A.(	O.M	anyland
	24 FU	NERAL DIRECTOR	1 11	430	C T ADDRESS A	212	3Q M) 25a. [	DATER	REC'D. BY REGISTRAR	and a		
	Ma	ully Fune	ral Hon	ne, 730	E. Fort A	ve.Da	tto.//a.	G	1 1084	as and don-	Mand	all.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ones should be detached for use as the burial-transit permit. Then please remove carban popers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

injury, or other troumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shaws any



		FOR STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		11		
)		CEASED NAME EIRST WASYL	MIDDLE	RUBIAK	July 24. 1	MONTH DAY YEAR	1:09P M		
ors offer de	3 SE)		Caucasian	5. DATE OF BIRTH  Dec. 12, DAY 1926	6. AGE (IN YEARS LAST BIRT		-		
thin 72 houd dirthin 72 hou	36	RTHPLACE (STATE OR FOREIGN NINTRY)  CLAND  TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY?  UNITED STATES  11. NAME OF HOSPITAL NURSIN	MARRIED NEVER MARRIED DIVORCED DOMES OR OTHER INSTITUTION	Anne Arund	- 	MD. 126 KIND OF BUSINESS OR		
on filled w	Aı	nnapolis	Anne Arundel Ge	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  RESIDENTIAL BUILDER CONSTRUCTION				
hould be	13a. S			le YES NO 💢	13e.STREET ADDRESS /	44	21035		
ampletely and 2 sl	14. FA	THER'S NAME (UN KNOWN)	MIDDIE LAST	15. MOTHER'S MAIDEN NA FIRST UNKNOE	MIDDLE	1	AST		
Poges 1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GR YES KOREA	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) N CONFLICT 123-26-	RITY NO. 17 INFORMANT	HRUBIAK I	SAME AS	13)		
itgned by the ottending physical please remove corbon post buriol, cremotion, or remove ury, or other troumotic event.	z	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	cardial infarction		12	NXMATE INTERVAL NONSELAND DEATH		
te hos been s isit permit. Th giene prior to shows ony inj	CERTIFICATION	19a DATE OF OPERATION N/A		OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES			
this certification the buriot-trans and Mental Hyg	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOTIWHILE AT WORK AT WORK		211 LOCATION	RED (ENTER NATURE OF INJUR		STATE		
IRECTOR: Attribed for use os ept. of Health Health Health Health Health		22a. I certify that (1) (this hasp	ital) attended the deceased from 19 8	, and that in (my) (our) opinion DEGREE		te and hour and Irom th	, that (I) (we) lost e couses stated E SIGNED		
UNERAL D Id be denos the State D SRTANT. If			DR PRINT)	22e ADDRESS	MEDICAL STAF	IAN U JULY	- 11		
Show		Chartes M.	Kinzer, M. D.	16 Murray Av	., Annapoll	s, Maryland			

DHMH - 16 50M 4/83 (VRA 15, 4)

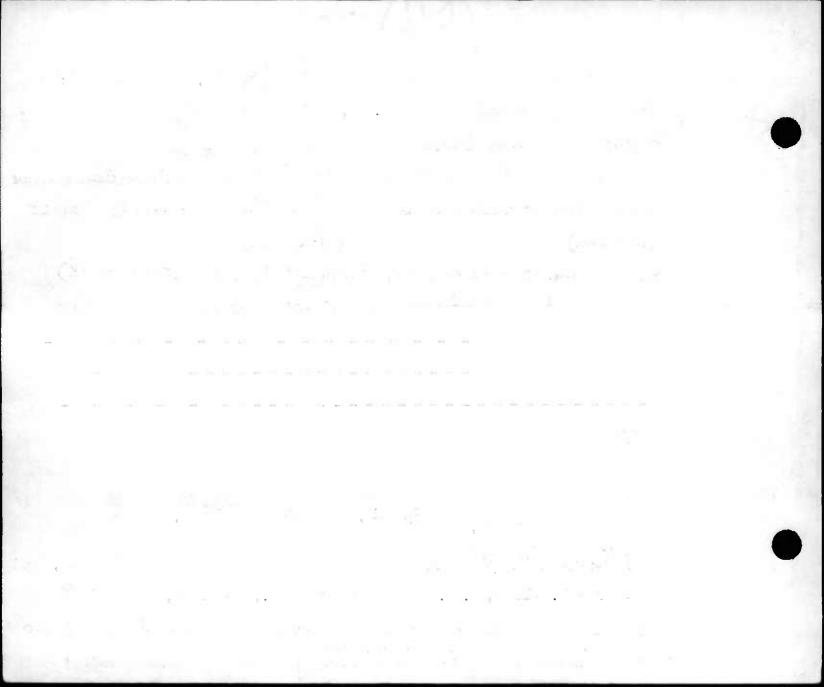
Charles W. Kinzer, M. D. 23a BURIAL, CREMATION, REMOVAL

16 Murray Av., Annapolis, Maryland

24, 1984

STATE

24. FUNERAL DIRECTOR



6	1-	FOR STATE			DEP	ARTMENT OF H	EALTH AND MENTAL HYG	IENE 8 4	1 / 3	10	
5000	1. DEC (17PE 3. SEX 70. BII	REGISTRAR  CEASED NAME OF PRINT)  AU  RTHPLACE ISTATE OR F  COUNTRY)  Ky.  TY OR TOWN OF DEA  THAT THAT THAT THAT THAT THAT THAT TH	OREIGN 7	b CITIZEN OF V US 1. NAME OF H (IFNOT IN SUC) Anne	OSPITAL, NU H FACILITY, GIVE : Arunde GIVE RESIDENCE	5. DATE COMONTS.  TRY? 8.  MARRIEL WIDOWE STREET ADRESS  DEFORE ADMISSION)  BEFORE ADMISSION)	DAY 98  DI NEVER MARRIED DI DIVORCED DI DIVORCED DIVORCED DIVORCED DI DIVORDE DI DIVORCED DI DIVORDE DI DIVOR	REG. NO.  20 DATE OF DEATH MONITY  6. AGE (IN YEARS LAST BIRTHDAY)  9. BALTIMORE CITY OR COL  Anne Arundel  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Sales	IF UNDER I YEAR MONTHS DAY:  UNITY OF DEATH  COO,  UNG LIFE) 126 KIND  INDUSTR  Rea		
0		Md.	Anne	Arunde]	13c. CITY OR Arno		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	id.	312	
E	14. FA	THER'S NAME FIRST	Thomas	R. Hul	oble LASI		15. MOTHER'S MAIDEN NA	ary MODIE	ı	LAST	
1		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?		SECURITY NO. 0 8362	Mr. John D.	Hubble 3401 G	Greenway	OXMATE INTERVAL IN ONSET AND DEATH	
		Conditions, if ony, gove rise to imm couse (o), storin underlying couse	which mediate g the lost.	DUE TO, OF		CUTE	nyocardia	Linfonction	N GIVEN IN PARI	days	
レ	CERTIFICATION	Sa. DATE OF OPERA	bar	achn	ord	Hemo	n was performed	20a AUTOPSY? 20b.	IF YES, WERE FINE	DINGS USED	
1	ICAL CERTIFI	210. ACCIDENT WAS UNE OR CONTRIBUTING (If EITHER, NOTIFY MEDI	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗌	
	MEDIC									STATE that (It (we) last	
1		above (ii) Net ic	usu	W	Cole		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/ DA	16 184	
1		PHYSICIAN'S N	W		310		51 FRA	NKLIN ST	ANNA	P Md	
	23a 8	BURIAL, CREMATION, SPECIFY Burial	REMOVAL	7/19	/84		EMETERY OR CREMATORY Hill Cem.	Baltimore,	Md. COUNTY	STATE	

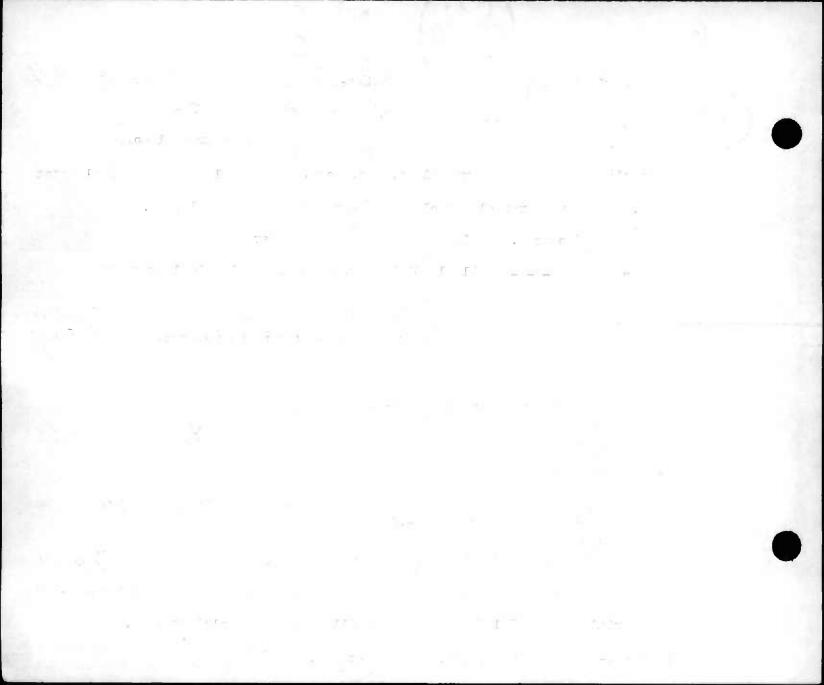
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, crea MPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar ather

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

Baltimore, Md.

6500 York Rd. 111 1 8 1984



	Jak Y	11-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	8 / 9
(	PEASE PETER PETER STREET		CEASED NAME FIRST  JOSEPH  1. RACE  M. MACE	ATE OF BIRTH DAY VEAR  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 170 DATE PRONOUNCED LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD  OF ESTI- DEATH MATED  7	14 19 84 220
	S NECESSARY FUNERAL DI 5 FOR YOU WITHIN T W PRESTON	MAI	REIGN COUNTRY) RYLAND	DEAD  CITIZEN OF WHAT COUNTRY?  B. MARRIED   NEVER MARRIED   NEVER MARRIED   NAME ARUNDE  WIDOWED   DIVORCED XX ANNE ARUNDE  NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120 USUAL OCCUPATION (1795 OF WORL)	L COUNTY M
21201	ANY DELAY IS AND 3 TO THE F RETAIN PAGE HOULD BE FILED RECORDS, 201 V	1	NNADO/15 IL RESIDENCE/IE IN NURSING HOME OR OTHER	FOR MOST OF WORKING LIFE)  FOR MOST OF WORKING LIFE)	OR INDUSTRY
MORE, MD. 2	GESTH, IF GEST, 2, MA PM 3. AND 2 SI	16s. V	WILLIAM VAS DECEASED EVER IN U.S. ARMED	DIE HYMAN GEORGANNA MIDDLE	SCOTT
STON ST., BALTI	ITHIN 24 HOURS AFTER CIL IN ITEM 18. GIVE PA VER ALONG WITH FOR ANSIT PERMIT. PAGES 1 AL HYGIENE, DIVISION REMOVAL.	Y	ES W.W.I	e cause per line (g/a), (b), and (c).)	reek Terrace  APPROXIMATE INTERVAL BETWEEN ONSFT AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	EXAMIN EXAMIN RIAL - TR 10 MENT		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF  (c) IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO	
TAL RECORD	HOULD BE ENDING PENDING PENDIN	TIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
DIVISION OF V	IIS CERTIFICATE SHARTING THE WOL ARDED TO THE C GE 3 SHOULD BE ATE DEPARTMENT 201 PRIOR TO BU	MEDICAL CERTIFICATION	718. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 718 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME. 211 LOCATION	PART 2) COUNTY STATE
0	ATE, VORWING PARES THE STA		AT WORK AT WORK		apınian
	MEDICAL ECUTE THE GE 4 SHO FUNERAL TER DEATH		ACTUAL SIGNATURE ALLES EXAMINER'S NAME WILLIAM TO TYPE OR PRINT)	Deputy MEDICAL EXAMINER SIGN.  Jones, M.D.  ADDRESS 695 America Crt., Davidsonville	2, Md. 21035
	5 4 5 4 8 4 5 4 8 4 5 4 8 4 5 4 8 4 5 4 8 8 8 8		URIAL, CREMATION, REMOVAL 236 D	ATE 234. NAME OF CEMETERY OR CREMATORY BREWER HILL CEMETERY Annapolis A.A.	Maryland

DHMH - 17

(VR A15 ME (5)) 20M 4/B2

VILLIAM REESE & SONS MORTUARY, P.A.

BREWER HILL CEMETERY

Annapolis

A.A. Maryland

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Montrell de la control de la c MERCHANIA DEPOS A DEPOS DE PROPERTIDA

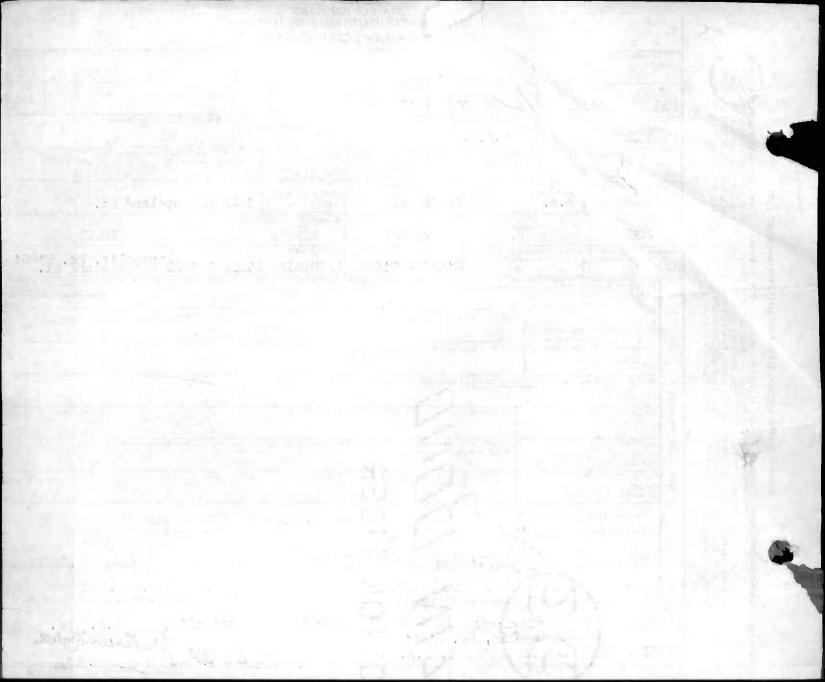
BP. **DHMH** - 17

(VR A15 ME (5)) 20M 4/B2

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

li .	8	0	-	

1. DE	STATE		OF HEALTH AND MENTAL H	1 Cal	6							
1. DE	REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE O	FDEATH REG. NO.								
	CEASED NAME FIRST	WIDDIE	LAST	20. DATE KNOWN () M	ONTH DAY YEAR 26. HO							
{TYP	PE OR PRINT)  Alexa	ander V.	Tagoba	OF ESTI-	7 20,0 04							
3 SEX		AIGCL	Jacobs N YEARS   IF UNDER 1 YR.   IF UNDER 1		7 2019 84 DNTH DAY YEAR 24 HO							
	ALE BLACK	MONTH DAY YEAR LAST BIR 77	THDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED	- 6:1							
1		7b CITIZEN OF WHAT COUNTRY?	YRS.	DEAD	/ 20 19 84							
70 B	ORTHPLACE (STATE OR OREIGN COUNTRY)		MARRIED NEVER MARRIE	D . BALTIMORE CITY OR CO	DUNIT OF DEATH							
MA	ARYLAND	U.S.A.	WIDOWED DIVORCE	THE THURSE								
10 C	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HO		120. USUAL OCCUPATION (TYPE OF V	VORK 12b. KIND OF BUSINESS OR INDUSTRY							
15	Annapolis	Anne Arundel Ger		TOT MOST OF WORKING ENE	O. W. DOGINI							
	AL RESIDENCE (IF IN NURSING HOME OF STATE 13b, COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	AISSION)	13. SIREET ADDRESS 1822 G Copeland	2140							
		ANNAPOLIS			d St.							
14. F	JOHN	MIDDLE JACOI	BS BERTHA	N NAME MIDDLE	BROWN							
160.	WAS DECEASED EVER IN U.S. AR		IRITY NO. 17. INFORMANT	ADDRESS								
Ŋ	(IF YES, GIVE	219-07-57	710 KATHERINE	STEPNEY 1822 Cannap	Copeland St. 140							
	IR CAUSE OF DEATH /Fater and	ily one cause per line far (o), (b), and (c).)	<u> </u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA							
	Conditions, if any, which gave rise to immediate   DUE TO, OR AS A CONSEQUENCE OF  (b)											
	cause (a) stating the <u>under</u> lying cause lost.											
ATION	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T		T 1 (g).	20 AUTOPSY?							
4.6												
IFIC					YES NOT							
CAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YI DEATH P.M. 19		LENTER NATURE OF INJURY IN ITEM TO PART	YES NOX							
MEDICAL CERTIFICA	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY Y	EAR	LENTER NATURE OF INJURY IN ITEM TO PART I								
EDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF THE TRANSPORT	DEATH P.M. 19  21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held on	EAR  E. 21f LOCATION STREET  IN Autopsy Inspection Suicide Hamicide TITLE (SPECIFY)	CITY OR TOWN  Inquiry , and in Undetermined monner ,	T OR PART 2)							
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF TILD INJURY OCCURRED WHILE AT WORK AT WORK  270. I certify that I took charge death resulted from: Noture ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	HOUR A.M. MONTH DAY YI  P.M. 19  21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held at ral courses Accident A.	EAR  E. 21f LOCATION STREET  IN Autopsy , Inspection Suicide . Hamicide . TITLE (SPECIFY)  Paperty Ch  ADDRESS 111 P	Inquiry , ond in Undetermined monner ,  interpolation of the second of t	COUNTY STATE  my opinion  DATE 7/22/84							
WEDICAL MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK  220. I certify that I took charge death resulted from: Noture SIGNATURE  EXAMINER'S NAME THE SPECIFY TRIANGLE AT WORK THE SPECIFY TRIANGLE AT THE SPECIF	HOUR A.M. MONTH DAY YI  P.M. 19  21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held at ral courses Accident A.  Accident A.  13b DATE 23c. NAME OF	EAR  E. 21f LOCATION STREET  IN Autopsy , Inspection TITLE (SPECIFY)  DEPUTY Ch  ADDRESS 111 P  CEMETERY OR CREMATORY  EST CEMETERY	CITY OR TOWN  Inquiry , and in Undetermined monner ,	COUNTY STATE  A.A. Md.							



## STATE OF MARYLAND

6-3	1	1	1

	- STATE REGISTRAR	CERTI	FICATE OF DEATH			30
1	DECEASED NAME FIRST	WIDDLE	ŁAST	REG. No 20. DATE OF DEATH		7b. HOUR
	TYPE OR PRINT!	Fraling J	ohnson	T.	1, 7 1984	A. "
3.			OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS.
J1	Female 1	White Jul	17. 1905	18	YRS DAYS	HOURS MIN
70		CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	9 BALT MORE CITY O	R COUNTY OF DEATH	
	Colorado	USA WIDOW	. /	Anne A	rundel Co.	MD.
10	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCHEACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (DIRE OF WORK FOR MOST O		BUSINESS OR
1	Annapolis 1	103 Van Burer		Retired	Civils	ervice
U IS	ISUAL RESIDENCE (IF NURSING HOME OR OTI 30 STATE, 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	0	
1	WD H.	1 Honapolis	YES NO	1103 Van	Ouren 211	103
1	FATHER'S NAME FIRST	DLE LAST	15. MOTHER'S MAIDEN NAM	WIDDLE	( ) LAST	
116	60 WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO.	HII CA	ADDRE	Hnderso	D.
1	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	ARORDATES)	m	ct +-	O CONTECT SPI	ringur
H	18. CAUSE OF DEATH (Enter only o	D17-20116	Tillouin J	· 210012	APPROXIM.	ATE INTERVAL ISET AND DEATH
ı	PART I. DEATH WAS CAUSED 8	BY: M6 WXX	for auch	27	4 ms	
1	IMMEDIATE				77.43	TC. 1963
L	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF			76	
	gave rise to immediate cause (a), stating the					
1	underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			30.0	
1.	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to death</u> bu	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
1 3	5					
15	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	SS USED OF DEATH?
4 5	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	YES NO	YES [	NO [
	On CONTRIBUTION CAUSE OF SEATH	HOUR A.M. MONTH DAY YEAR	21t. HOW INJURI OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART I OR PART 2)	
13						
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	21f LOCATION			
Į ž	21d INJURY OCCURRED	P.M. 19  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	/N COUNTY	STATE
1	AT WORK AT WORK	71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	2//	
Page	270.1 certify that (1) (this hospital)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET  16 , 19 7 3 and that in (my) (arm) apinion of		), 1984_, th	ot (I) (a) last
1	270.1 certify that (I) (this hospital)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET 19 73		), 1984_, th	at (I) <del>(a) l</del> ast
1	220.1 certify that (1) (this hospital) saw the deceased alive an obove, (1) (we still (did not) v	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET  19 7 3  and that in (my) (mm) apinion of	to 7/2 death accurred on the do	, 1984, the sate and hour and from the co	at (I) <del>(a) l</del> ast
ME	220.1 certify that (1) (this hospital) saw the deceased alive an obove, (1) (we still (did not) v	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Tottended, the Deceased from	ond that in (my) (com) apinion of OFGREE	eath accurred on the do	, 1984, the sate and hour and from the co	at (I) <del>(a) l</del> ast
Tank and a second	220.1 certify that (I) (this hospital) saw the deceased alive an obave, (I) (we that (did not) v 27b. SIG 14 PE  22d-PHXSICIAN'S NAME (TYPE OR IN	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Tottended, the Deceased from	and that in (my) (cor) apinion of the core	to 7/2 death accurred on the do	, 1984, the sate and hour and from the co	at (I) <del>(a) l</del> ast
	270.1 certify that (I) (thus hospital) saw the deceased alive an above, (I) (west think (did not) v  27b. SIG 1 PE  27d-PHYSICIAN'S NAME TYPE OF SE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Tottended the deceased from 19 84 of 19 84	and that in (my) (cor) apinion of the core	to 7/2 death accurred on the do	, 1984, the sate and hour and from the co	at (I) <del>(a) l</del> ast
	720.1 certify that (I) (thus hospital saw the deceased alive an obave, (I) (west stable) (did not iv 27b. SIGNATE RE 272d-PHXSICIAN'S NAME (TYPE OR RE 27cd-PHXSICIAN'S NAME (TY	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Tottended the deceased from 19 84 of 19 84	ATTENDING PHYSICIAN CEMETERY OR CREMATORY	MEDICAL STANDING OF PHYSIC	is 1984, the stee and have and fram the co	or (I) to) tast uses stated GNED  STATE
	220.1 certify that (I) (Has hospital) say the deceased alive an obove, (I) (we still did not) v  27b. SIG 1A VE  27d-PHYSICIAN'S NAME ITYPE OF SE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Tottended the deceased from 19 84 of 19 84	ATTENDING PHYSICIAN CEMETERY OR CREMATORY	MEDICAL STANDING OF PHYSIC	, 1984, the sate and hour and from the co	or (I) to) tast uses stated GNED  STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

g physician and completely filled in by the funeral direct onpapers. Pages I and 2 should be filed within 72 hours.

certificate has been signed by the after unal-transit permit. Then please remove

TO FUNERAL DIRECTOR. After this certificate has bee should be detached for use on the burial-transit permit with the State Dept. at Health and Mental Hygiene prior

IMPORTANT: If them 21 is morked or them 18 shaws

TENDING PHYSICIAN, The Idea

retained by the hospital as attending ph

TO HOSPITAL C

mury, or other from

A SHEET PROPERTY OF THE PROPER and the second s A State and second a manufactured to the second t CONTRACTOR OF SOLID STATE STATE OF STATE OF STATE OF STATE S PART OF THE PART O belong the first of the state o ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical

	STATE OF MARYLAND				
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN				
STATE	CERTIFICATE OF DEATH				

NE 3

64	-	1	0	O	line

ı	RE	EGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
Ì	I. DECEA	ASED NAME	FIRST	, A	eoples	,To	hngon .	20. DATE OF DEATH		AY YEAR	DE HOL	166
١	( O	/	Thom	7as	eoptes	3	onnson	Jı		1984	11	Z.M
ı	3. SEX			4. RACE		S. DATE C		6. AGE (IN YEARS LAST		P UNDER I FEAR	F UNDER	ALTA HES
I		ale		White			3, 1926	5	YRS.	1000		
1		IPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
		yland		U.S.A		WIDOWE		Anne A				MD.
4		OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPA	T OF WORKING LIFE			
1		apolis	ING HOME OF		undel Ger		Hospital	Vice Pres	ident	Johns	on Li	umber
	13a. STA	yland	13b. COUN	ITY	13t. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	32 Windwa		ve	21146	6
V	14. FATH	ER'S NAME	170	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	CT.	
	Jos	iah		nell	Johnson		Lois	Lee		Peop		2.0
		S DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADE	DRESS	111 21 53		
1	Yes		Kore		220/24/10	)17	Mrs. Elizabe	eth Johnson	n (Wife)			
ı	18				line for (a), (b), and	1(01.1	. / 3			APPRO) BETWEEN	ONSET AND	RVAL D DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CAVONIC Renel fullure									mo-	
1				DUE TO, OI	R AS A CONSEQUE	NGEOF	,/,					
ı		Conditions, if ony, which (b) Habeles Mellitus.								years.		
١	C	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							/			
1	-	(c)										
		ART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	N IN PART 1	0 '	
	CERTIFICATION 12	DATE OF OPERA	1401	TIAL CONDI	TION FOR WILLOU	FOR WHICH OPERATION WAS PERFORMED			20h JE VES	WERE FINDI	NICE LIEF	
	FIC.	DATE OF OPERA	HON	198. CONDI	TION FOR WHICH	on for which operation was performed			IN CERTIFY	ING CAUSE	OF DEA	TH?
4	ERT 21	g. ACCIDENT WAS UND	ERLYING [	1 21b. TIME O	FINIURY		21c. HOW INJURY OCCUR	YES NO			NO [	
1		R CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA		The state of the s	TED TENTER MANGRE OF I	DOWN INVINCENTIO VA	A. I OR PARI 2)		
	~	d. INJURY OCCUR		21e. PLACE (		19	211. LOCATION					_
		VHILE TO THE	-		EET, FACTORY, OFFICE, F.	ARM, ETC )	STREET	CITY OF	TOWN	COUNTY		STATE
1		a.l certify that III	-	tol) attended the	decensed from		6/26 1980	10 7	110	24	that (I) (	(we) lost
		sow the decease above, (1) we) to	alive on	71	9 198	( , 01	nd that in (my) (our) opinion	death accurred on the	date and hour	,		(
1	22	b. SIGNATURE	1	A THE BODY	Otter decim.		DEGREE			The DATE	SIGNED	
	13	/	Ud	1 Ru	4h		ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIAN []	7/1	OP	1
	22	d. PHYSICIAM'S N	AME (TYPE O	R PRINT)			22e ADDRESS					
		Dr. R	ichai	rd Peel	ler		Anne Arund	del Gener	al Hos	spita:	1 21	401
	23a. BUR	HAL, CREMATION,	REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
	(SPE	Buri	12	Bul. 13	1984 Gle	en Hav	ven Memorial I		Burnie	A.A.	Md	•
		ERAL DIRECTO	K	tisoke	to DONESS		25a. DA	10E 0.1 1 20 19	R Sh. REGISTE	ARE SIGNA	Chilespale	delle
	Si	ngleton E	une	I Home	Glen Bur	nie,	Md.		0			

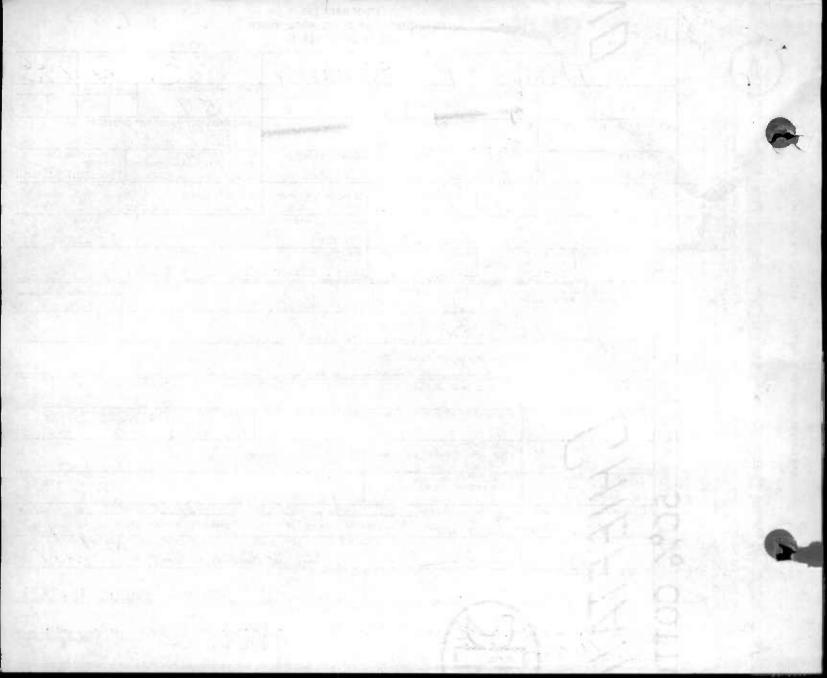
Glen Burnie, Md.

DHMH - 16 50M 4/82 (VRA 15,4)

retained by the hospital or ottending physician.

TO HOSPITAL

BP



STATE OF MARYLAND

BP.

DHMH - 16 50M 1/B1

(VRA 15. 4)

Burial

Hardesty Funeral Home

24 FUNERAL DIRECTOR

26/84

#### FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME ANN 20 DATE OF DEATH MONTH 26 HOUR 11YPE OR PRINTE Bernard allin NOMER 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH female white June 21,1916 68 Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED COUNTRY New Haven Conn. U.S.A. Anne Arundel Co. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Cove of Cork Annapolis housewife Lane household USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13a STATE 113b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 2 Cove of 13d INSIDE CITY LIMITS? Md. A.A. Co. Annapolis Cork YES X Lane NO F 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Samuel Scher Bernard Ida 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-36-4468 Kahn same as 13e. Arthur APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c) PART I, DEATH WAS CAUSED BY metastaser runama Moi IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 20b. IF. YES, WERE FINDINGS USED P IN CERTIFYING CAUSES OF DEATH? be NOP YES [ NO [ Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION morked or CITY OR TOWN COUNTY STREET STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) HOE WHEE AT WORL 22a. I certify that (1) (this hospital) attended the deceased from that (I) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ild be detoched the State Dept. 226. SIGNATURE DEGREE THE DATE SIGNED 生 ATTENDING MEDICAL STAFF FUNERAL MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS shoul with 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIEVE CITY OF TOWN

Kneseth Tsrael

Annapolis, Md.

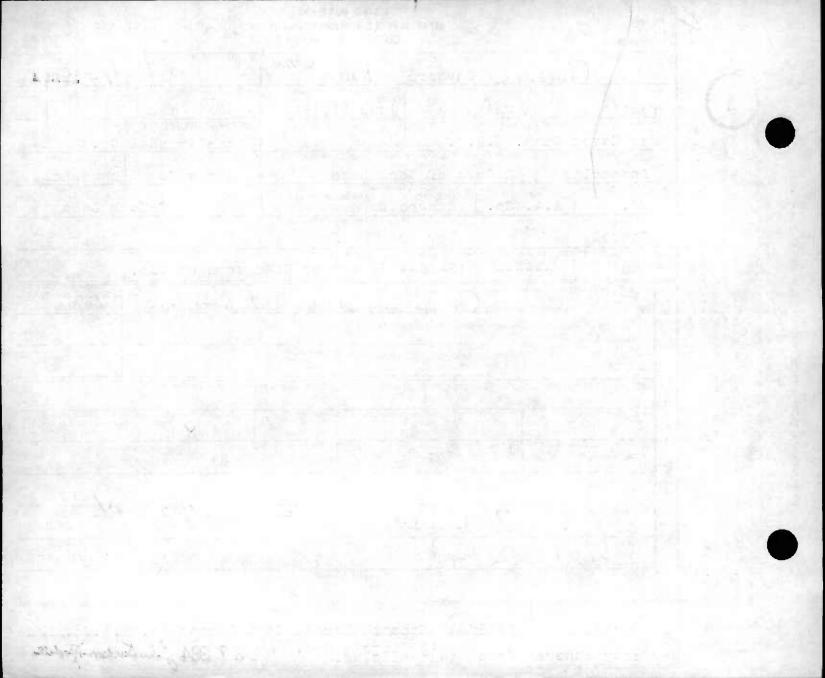
Annapolis

which Davidson-Ashdall

250 DATE REC'D BY REGISTRAR 25h

Cem

STATE OF MARYLAND

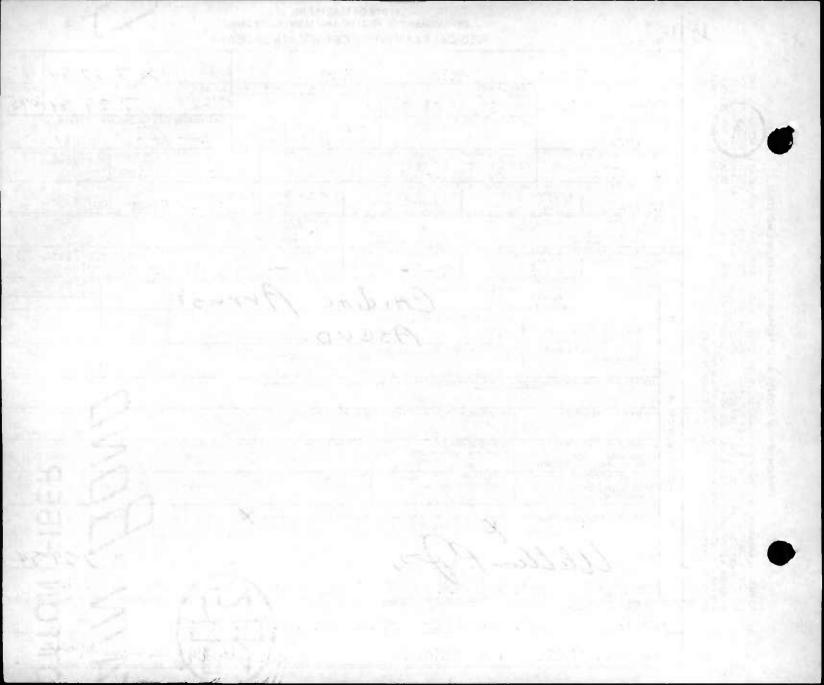


**DHMH - 17** (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND		-1	74	8		
ENT OF HEALTH AND MENTAL HYGIENE 🚜	1	-	0	-	-40	
KAMINER'S CERTIFICATE OF DEATH	REG. NO.					
1157						_

756 REGISTRAR'S SIGNATURE

	F	REGISTRAR		MED	ICALE	MIMAX:	EK.2	EKITFI	LAIEU	T DEF	REG	NO.			
		EASED NAME	E FIRST		MIDDLE			LAST			20. DATE KNOWN	HTHOM T	DAY	YEAR	2b. HOU
	(TYPE	OR PRINT)	Thomas	And	gelo		K	ary			OF ESTI- DEATH MATED	X 7	27	1984	'
	3. SEX			S. DATE OF BIRTH		6. AGE (IN YE)		IDER 1 YR.	IF UNDER		2c DATE	HTHOM	DAY	YEAR	24 HOU
J		ale	White	May 30,	1894	90 YR		1S DAYS	HOURS	MIN	PRONOUNCED DEAD	7	29	1984	1045
7	7a BIF	RTHPLACE (51	TATE OR	76. CITIZEN OF WHA	AT COUN	TRY?	8. MARR	ED NE	VER MARRI	ED 🗆	9. BALTIMORE CIT	Y OR COUN	ITY OF D	PEATH	
		Turke	ey	USA			WIDOW	ED X	DIVORCE	D 🗆	Anne A	rundel	Cou	inty	W
ñ	10. CI1	Y OR TOWN	OF DEATH	11. NAME OF HOSP			, OR OTH	ER INSTITU	TION		UAL OCCUPATION MOST OF WORKING LIFEL	(TYPE OF WORK	12b. KIN	ND OF BU	
/	_	nnapol.		740 Re	ed Ce	dar Ro		234			lesman- R	etired			
)	13a. S1		(IF IN NURSING HOME OR 13b. COUNT' AA	OTHER INSTITUTION, GIVE Y	13c CITY	or town polis	ON)	13d. INSIDE (	NO X		740 Red C	edar R	oad	214	01
1	5 FA	THER'S NAME Athana		MIDDLE	Kyr	ometes	5		R'S MAIDE IRST NA	N NAME	MIDDLE		1	LAST	
	16a. W	AS DECEASED	D EVER IN U.S. ARM		16b SOC	IAL SECURITY	Y NO.	17. INFOR	THAN		ADDR	RESS Seve	rna	Park	, MD
	(,,	Yes	WW	I	216-	05=747	73	Jane	Brook	khar	t, 311 Fe	rnwood	Dri	ve,	
	NO	Canditiar gave ris cause (a) lying cau	IMMEDIATE  ns, if any, which se to immediate is stating the <u>under</u> use last.	CAUSE (a)  CAUSE (a)  (b)  DUE TO, OR A  (c)  ONTRIBUTING TO GEATH BU	S A CON	SEQUENCE O	C L		N GIVEN IN PAR	Wy RI LIO	est	•	BFTW	WEFN ONSET	AND DEATH
1	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITIO	ON FOR V	WHICH OPER	ATION W	AS PERFOR	MED?					AUTOPSY?	NO []
2	CAL CERTI	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D			AJURY MONTH DAY YEAR 19			NATURE OF INJURY IN ITE	N 18 PART I OR P		ies 🗆	NO []		
	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF STREET, FACTO				CATION			CITY OR TOWN	C	DUNTY		STATE
\$		death results  ACTUAL SIGNATURE  EXAMINER'S	All NAME (U) Pige	af the remains described as the remains descri	Accident		Autap icideM	JITLE (S Deput	PECIFY)	Undet	Inquiry	and in my on the sign of the s	ED 2	<b>-29</b> 21035	-84
	23e.Bl	TITE OKPKII	TION, REMOVAL 23			IAME OF CEA	METERY O	ADDRESS_ R CREMATO	ORY		OCATION ORTOWN	co	INTY	Şī	ATE



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

4		FOR STATE		OF HEALTH AND MENTAL HYGIE RTIFICATE OF DEATH		1 / 0	
ł		REGISTRAR  EASED NAME FIRST 3	MIDDLE		REG. NO 20 DATE OF DEATH		26 HOUR
ı		ORPRINT) MAKIN	US KE	ELLER	7	-19-84	IF UNDER 24 HRS
1	3. SEX	F		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN.
	70. BIR	RTHRLACE (STATEORFOREIGN )		RRIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
2	incii	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	OWED DIVORCED DIVORCED ME OR OTHER INSTITUTION	120 USUAL OCCUPATIO (WPFOF WORK FOR MOST OF	DN 12b, KIND OF WORNING LIFE) INDUSTRY	BUSINESS OR
7	HA	UNAPOLIS AL RESIDENCE (IF NURSING HOME OF	H.H. GED. HOS	$>V$ $ \cdot $	HOUSEWI	7E 170	ME
5	130. S	MD. 136 COON		13d INSIDE CITY LIMITS?	244 XIRA	LEY RD. 2	1401
U	P	FRED "	STAFFIN	15 MOTHER'S MAIDEN NAM	RELL	WESTA	AFER
1		VAS DECEASED EVER IN U.S. AR/ res, hoorunknown) (IF yes, give	MED FORCES? 16. SOCIAL SECURITY NEWAR OR DATES) 485 05 037	5 BBERT KI	ELLER II	[井]	3
		PART I. DEATH WAS CAUSED		atic Breast	Carcine		MATE INTERVAL INSET AND DEATH
		IMMEDIAT	DUE TO, OR AS A CONSEQUENCE	OF			
		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)  DUE TO, OR AS A CONSEQUENCE				
		underlying cause last	(c)				
	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIT	nat disease or conl	OHION GIVEN IN PART TIO	
7	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	
Ż		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE PART OF THE PA	EAR 21c. HOW INJURY OCCURRE	7	Y IN ITEM 18 PART   OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		21f LOCATION		NN COUNTY	STATE
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET	C) SIREET	CITY OR TOV	1.0 1.0	STAIL
		22a I certify that (I) this haspi sow the deceased of on	tal) attended the eleceased from	. ond that ir (my) our) opinion d	eoth occurred on the do	ite and hour and from the	that (1) we) last couses stated
		17% SIGNATURE	W Colum	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR ☐ PHYSIC		19/84
-		THE PHYSICIANS NAM HYPE	OLE III	51 FRANK	LIN ST	ANNAP	Md.
	23a B	BURIAL, CREMATION, REMOVAL	7/20/84 EDA	OF CEMETERY OF CREMATORY	234 OCATION CITY OF SAN DUITE AN	D P.G.	MD.
	24 FU	UNERAL DIRECTOR	OLLA DE ADDRES		REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATION DELL'AND MANY	URE Lace
	$\mu n$	INDI UNDER	~ (11.16.1 ) [W	TILL MIST. ION OF	O 144 1		

DHMH - 16 50M 4/83 (VRA 15, 4)

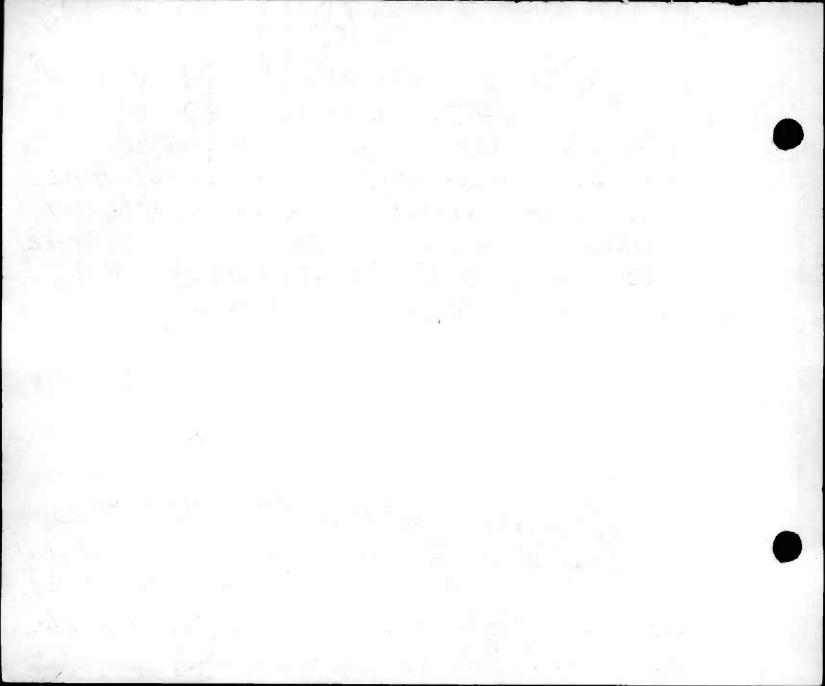
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campitally should be detached for use as the busiol-transit permit. Then please remove corban adjects. Pages I and 2 should be detached for use as the busiol-transit permit. Then please remove corban adjects to define a signed and Mental Hygiene prior to busiol, cremation, or remainal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

retained by the haspital or attending physician.



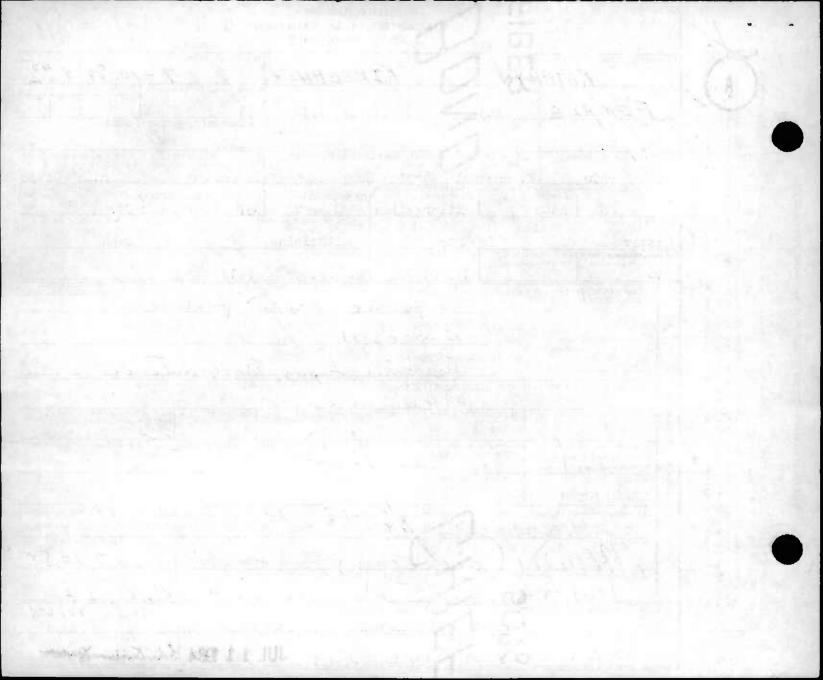
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove corbanopers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

executed within 24 hours after death. Page 4

1		FÓR STATE REGISTRAR			NENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYG	REG.		7 3	8 /
	1. DEC	CEASED NAME FIRST ORPRINT)	SAN,	AIDDLE	KI	RSCHA	IL-R.	2a DATE OF DEATH	7 - ,	10-84	21. HOUR -
	3. SE)		I. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
1.		F-EMALE	White June					74	YRS		
15		RTHPLACE (STATE OR FOREIGN COUNTRY)	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MAR	RIEDXX	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
-		st Va	USA	OSPITAL, NURSIN	WIDOWE	transfer or the second		AACO 12a USUAL OCCUPA	TION	Tiph KINID (	MD.  OF BUSINESS OR
54			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		IION	(TYPE OF WORK FOR MOS	TOF WORKING LIF	EI INDUSTRY	
	USU	AL RESIDENCE (IF NURSING HOME OR	N. Arundel Nursing Ho			lome		Inspector		Corni	ng Glass
15	13a. S	TATE 136 COUN	TY	13c. CITY OR TOW	N	13d. INSIDE CITY I	LIMITS?	13e.STREET ADDRESS		The same of the same of	11108
40	14. F.A	THER'S NAME		Millers	ATTTE	15. MOTHER'S MA		AE .	er Oak		
	Gu	stav	NDOLE Kin	shner		Wilhel	mina	WIDDLE		Zaph	S1
	Ióe V	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	milita	ADD	RESS	aapii	
/-		(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	175 0127	725	Wm Ratt	er	# 13			
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OF DUE TO, OF CE, OF C	RAS A CONSEQUE	NCE OF NCE OF	n Lips	eur	Suther	whe		(MAITE INTERVAL ONSEL AND DEATH
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CC</u>	a Jal	DE ATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CO	NDITION GIV	EN IN PART 11	0,
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES	
9	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART ( OR PART 2)	
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
		27a.1 certify that (1) (this haspit sow the deceased alive an above <sub>1</sub> (1) (we) (did) (did not	6	2 > 19	0 1		9 Jopinion c	eoth occurred on the	date and hou	r and from the	
+		226. SIGNATURE  22d. PHYSICIAN'S NAME (17PE OF	PRINT	news	200		nding sician E	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE	1084
/		Musta.	ta	C. O2	NI	0 6	00	BaA	Blu	1.5	P
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREA	MATORY	23d LOCATION	1	Ledunia	211 YIATE
	В	urial	7-13-8	4 Mor	onghe	ela Ce		y Monongol			Penna
3		rdesty FH,12 Ri	dgely A	ve, Annapo	olis,M	ld.21401	JUI	REC'D. BY REGISTRA	RIZSH REGIST	RAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)



10	1-		FOR STATE			DEPARTMENT	OF HEALT			F 4		7 3	8	8
1			REGISTRAR		ME	DICAL EXA	MINER'S		TE OF DEA	TH R	EG. NO.			
-			CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		2a. DATE KNO	NN XX MO	NTH DAY	YEAR	26 HOUR
10	Manage.		Ţ	William		F.	Kna	nnlein		DEATH MAT	ED 🗆	7-1	19 84	
CB	ARY L DIRECTO YOUR FIL TON STRE	M	P	MON	TE OF BIRTH	YEAR LAST	BIRTHDAY) MON		UNDER 24 HRS.	PRONOUNCED DEAD	MON	7-1	YEAR 19 84	24 HOUR 2:15
	A A Y Z Z Z	7a. BI	RTHPLACE (STATE OR	7b. C	TIZEN OF W	HAT COUNTRY?			PETA	9. BALTIMORE	CITY OR CO	-		a. M
	NECESAL FUNERAL S FOR Y WITHIN	140	NDIANA	the	VITED	STATE	WIDO	RIED   NEVER	MARRIED X		Arunde			
•	2 m . 2		TY OR TOWN OF DEAT	H 11. N	AME OF HOS	SPITAL, NURSING	HOME, OR OT		N 12a USI	JAL OCCUPATIO	N (TYPE OF WO	DRK 12b KII	ND OF BUS	SINESS
	DELAY IS 1 TO THE F V PAGE : BE FILED.		len Burnie		North	Arundel	Hospita	1		EARCH E			STING 1	
21201	ANY DE AND 3 TO RETAIN HOULD B	13e. 5	L RESIDENCE (IF IN NURS ATE	SA COUNTY  WHE ARUN	INSTITUTION, GI	13 CITY OR TO	WN	13d. INSIDE CITY LI	IMITS? 13e. STR	BOWLI	NO PO		2114	
MD.	AUSSUN.		THER'S NAME				11121	15. MOTHER'S	MAIDEN NAME		NE ND	•		10
	AND MARKET	0	HARLES	MIDDI	LE	KNANNU	=IN	FRAN	VES	WIDDLE		1.1	LAST CKMA	126
WO	ON O	160 V	AS DECEASED EVER II	U.S. ARMED FO	DRCES?	166 SOCIAL SE	CURITY NO.	17 INFORMAN	IT		DP\$62 8		MORE	
BALTIMORE	AFTER HIVE PU HI FO HISION		NO	IF TES, GIVE WAR OR	DAIES	315-46-	2930	CHARLE	3 T. Kn	ANNUEN	ilne	INVER	N TZ	7855
	WIT. P.		18 CAUSE OF DEATH	(Enter anly one	cause per line	for (a), (b), and (a	:).)				THUKE	AI	PPROXIMATE I	INTERVAL
S	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		PART I DEATH WA	S CAUSED BY:		Blunt TR		Chest				0110	TEN ONSET	AND DEATH
PREST	IN I	7	Canditions, if ar	w which	DUE TO, OR	AS A CONSEQUE	ENCE OF							
	MITH RAN RAN RAN R RE	1	gave rise to i	mmediate /	(b)									
201 W.	UTED WITHIN PENCIL IN PENCIL EXAMINER SIAL-TRANS D MENTAL ON, OR REA		lying cause last.	the under-	(c)	AS A CONSEQUE	NCE OF							
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD BE EXECUTED WITHIN 2 TING THE WORD "PENDING" IN PENCIL IN I DED TO THE CHIEF MEDICAL EXAMINER ALS 3 SHOULD BE USED AS A BUSHAL-TRANSIT PERORETAKINT OF HEALTH AND MENTAL HYDER PRIORTO OR REMOVE	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING 10 DEATN	BUT NOT RELATED TO 1	NE TERMINAL DISEA	SE OR CONDITION GIV	/EN IN PART 1 to					
E S	L'GAAMEN	IFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	VAS PERFORMEI	D?			2D. /	AUTOPSY?	
ΙŽ	SHOULD ORD "TOF HE URIAL URIAL	FE	;										YES XX	NO 🗆
> 7	THE OF THE OWNERNT TO BL	CERT	210 EXTERNAL CAUS		216. TIME O			IOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 (			
N	SHOOT A		UNDERLYING CONTRIBUTING		1 20	7-1	YEAR 19 84 dr	iver in	auto/fi	xed obje	ect im	pact		
/ISIC	ERTI NG S SH S SH PRICE	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY (AT HE		CATION		CITY OR TOWN				50.00
á	E. WRITING THE WARRED TO THE PAGE 3 SHOULD B STATE DEPARTMEN	Z	AT WORK AT WO	ORK XX		oad	Qu		ield & (	old Stag				
	R. T. VIE. V.		22a 1 certify that I	toak charge of th	e remain	scriped above, help	dan Auto	psy XX In	spection .	Inquiry .	Anne A	runde	I Co.	.,Md.
	MA FIRE		death resulted from	Natural cau		Accident XX	( Suicide L	Hamicide	Undet	ermined manner				
	CERTION OF WARE		AD.	,	24/	5 61	2110	TITLE (SPEC	CIFY)			160		
	A HANGE		SIGNATURE U	Melle	X	mug V	1110	Assis	tant_MED	ICAL EXAMINER		ATE IGNED	7-2-8	34
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRE AFTER DEATH, WITH BALTMORE, MAR		EXAMINER'S NAME (TYPE OR PRINT)	Dennis	F. Sn	myth, M.D		_ADDRESS	111 Peni	Street		1/3		
	BATT ATT	23 a. B	URIAL, CREMATION, RE	MOVAL 23b DA	TE	23t. NAME (	OF CEMETERY	OR CREMATORY	23d. LC	CATION		COUNTY	51/	ATE
	BP		BURIAL	Jul	19,198	14 Fores	T LAWN	CEMETER	RY IN	HANAPOU!	2.B. a	ARION		ANA
	DHMH - 17	24 F	NERAL DIRECTOR		ADDRES:	501 RITE	CHIE HO	UY- 1111	DATE REC'D A	REGISTRAR ZS	REGISTRAL	R'S SIGNAT	TURE	
	(VR A15 ME (5))	5	ARRANCO FU	MERAL	TOME	SEVERA	n PARK	MOJUL	5 155	= guna 00	widson-	Janas		
	20M 4/82													

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	문문문문문
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	13888
	# H & # W
	第2月日日
	EDICAL EXAMINEE. THIS CERTIFICATE SHOUD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS DETAY BY SHOULD BE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE LIBERAL WITH SORM PRING WITH FORM PART IN PAGE SHOULD BE USED AS A BURIAL DIRECTOR. PAGES 1 AND 26 HOURD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 26 HOULD BE FILED THAN AND MENTAL HYGIGINE. DIVISION CONTRACTOR PAGES 201
	<b>₹</b> ₩9 <b>₹</b> ₹
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	SHE SHE
	OH AND

	ECEASED NAME FIRST YPE OR PRINT)	UMN A. KU	RSCH 20 DATE KNOWN OF ESTI-	7-5-84 19
3. S		5. DATE OF BIRTH  DAY  11 59 6. AGE (IN YEAR  LAST BIRTHDAY  24 YRS	S IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTHS DAYS HOURS MIN PRONOUNCED	7-5-84 19
5 70	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED   9 BALTIMORE CITY OR WIDOWED   DIVORCED   Anne Arunde	
0 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, (JENOT IN SUCH FACILITY, GIVESTREET ADDRESS) Patapsco River - n	OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF	
	STATE Md. 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ITY  GIE Burni  GROWN	Te   13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS   Wilson B	2106: lvd. GlenBu
UJ	FATHER'S NAME OSEPH	C. Joran Jr.		Johnso
160	WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) NO	MED FORCES? WAR OR DATES)  166 SOCIAL SECURITY 214 66 4747	524.	Alden Streeklyn Md. 21
PETITION OF ALMON			AL DISEASE DR CONDITION GIVEN IN PART T 10	20 AUTOPSY?
4	210 EXTERNAL CAUSE WAS	2000 FOXINJURY HOUR AM AND H DAY YEAR	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR passenger in a runabout boat	YES XX
2 Indican	UNDERLYING YOR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH 3-3 PANTH DAY YEAR  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  river	STREET CITY OR TOWN	o of <b>speed</b> Rundel Count
4		ge of the remains described above, held an rol causes , Accident , Suic	Autopsy X, Inspection . Inquiry . and i	n my opinian
1	ACTUAL SIGNATURE WOU	porte Bre Knell	TITLE (SPECIFY) M,DMEDICAL EXAMINER	DATE SIGNED
230	EXAMINER'S NAME (TYPE OR PRINT)	V .		

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	O POSSIFIAL DR ATERDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hazarial as attending abusing an extending abusing the page of the page		TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral	should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled — thin 7 may are a rath	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	U 8		b	L/T	5

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICA

TE OF DEATH	REG. NO.		
KYLE	20 DATE OF DEATH MONTH	24 84	26 HOUR A
2711 -	A ACE LININEADSTACT BIRTHDAY	IETINDER 1 VE AR	IF LINDER 21 MRS

1-	STATE REGISTRAR			CERTIFIC	ICATE OF DEATH		REG. NO	).			
	CEASED NAME LICE	У	E	L	KYLE	20 DATE C	OF DEATH A	77 c	24 8	411:	L5 A
I SEX	emale	RACE	Caucasia	5. DATE O			66	YRS	MONTHS DA	HOURS	MIN.
7s. BIR	RTHPLACE   STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF V	WHAT COUNTRY?	MARRIE	NEVER MARRIED	1	ORE CITY OF		Y OF DEATH	1	
	ennsylvania	US		WIDOWE			me Aru				MD.
1.	TY OR TOWN OF DEATH	(IF NOT IN SUCH	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	TYPE OF WO	OCCUPATION FOR MOST OF			D OF BUSIN	ESS OR
_	INAPOLIS				Hospital	home	maker				
130. S Mar	ryland Rane A	TY	Crownsvi	N	136. INSIDE CITY LIMITS? YES NO	309	South				032
4. FA	THER'S NAME FIRST  Mike	MO WO	jtcseh		15. MOTHER'S MAIDEN N	abeth	WIDDEE		Wo	ojtcse	h
	AS DECEASED EVER IN U.S. AR	WAR OR DATES	16h SOCIAL SECU		17 INFORMANT		ADDRES	SS			
		I	189-14-6	830	Wesley Kyle		san	ne as			
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE!	y one couse per '	line for (a), (b), on	-	nonary A	reest.	Si: 1)	11/10		ROXIMATE INTE	PEATH
	IMMEDIAT	E CAUSE (0)	Co 11/10-41	,	/ 4/	/				6	
z	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR    Ib)  DUE TO, OR	R AS A CONSEQUE	NCE OF			SE OR COND	OITION GIV	VEN IN PARI	Ilia	
FICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	R AS A CONSEQUE	NCE OF		RMINAL DISEA	OPSY?	20b. IF YES	S, WERE FIN	DINGS USE SES OF DEA	TH?
AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COLOR CONTRIBUTING CAUSE OF DEA	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  21b. TIME OI  HOUR A.M	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH DA	ENCE OF  DEATH BUT  OPERATION	NOT RELATED TO THE TE	RMINAL DISEA	OPSY?	20b. IF YES	S, WERE FIN FYING CAU ES	IDINGS USE SES OF DEA NO [	TH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA LIFE EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDITIONS  11h HOUR A.M  P.M  21e PLACE C	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH DA	NCE OF  ENCE OF  DEATH BUT  OPERATION  19	NOT RELATED TO THE TE	RMINAL DISEA	OPSY?	20b. IF YES	S, WERE FIN FYING CAU ES	IDINGS USE SES OF DEA NO [	TH?
	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA IN EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  22a Certify that 1 (this hospit sow the deceased alive on obove, ()) (*** *** *** *** *** *** *** *** **	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.A.  P.A.  21e PLACE C  (AT HOME STRI	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, LACTORY, OFFICE, F	NCE OF  DEATH BUT  OPERATION  AV YEAR  19  ARM EIC)	NOT RELATED TO THE TE  N WAS PERFORMED  21c HOW INJURY OCCI  21l LOCATION STREET  19. 19 8 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AU1 YES   JRRED (ENTER?	NO STAFF	20b. IF YE'S IN CERTIFY YE IN CERTIFY YE YE IN TEM 18 P	S, WERE FIN FYING CAU ES  PART I OR PART  COUNTY  19 81  221. Di Jul	, that ** (the couses st	TH?  STATE  we) lost oted
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA IN EITHER NOTHY MEDIC AL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a Certify that M (this hospit sow the deceased alive an obove, II) (with a condition of the country of the deceased alive an obove, II) (with indicating the country of the deceased alive an obove, II) (with indicating the country of the deceased alive an obove, II) (with indicating the country of the deceased alive an obove, II) (with indicating the country of	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.A.  P.A.  21e PLACE C  (AT HOME STRI	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, LACTORY, OFFICE, F	NCE OF  DEATH BUT  OPERATION  AV YEAR  19  ARM EIC)	NOT RELATED TO THE TE  N WAS PERFORMED  21c HOW INJURY OCCI  21l LOCATION STREET  19. 19 8 d that in (my) (our) opinion DEGREE	200 AU  YES   JRRED (ENIER)  MEDICA	NO STAFF	20b. IF YE'S IN CERTIFY YE IN CERTIFY YE YE IN TEM 18 P	S, WERE FIN FYING CAU ES  PART I OR PART  COUNTY  19 81  221. Di Jul	IDINGS USE SES OF DEA NO [  7) , that **M	TH?  STATE  we) lost oted

DHMH - 16 50M 4/83 (VRA 15, 4)

Beall Funeral Home

FOR

Bowie, Maryland

s Cem | Crownsville, Maryland

250 DATE REC'D. BY REGISTRAR 150 REGISTRAR'S SIGNATURE

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		EASED NAME	FIRST		WIDDLE		VE	LAST			20 DATE OF	KNOWN ESTI-	X M	HTMO	DAY	YEAR	2b. HOUR
L			MICHEI		LEE		LA					MATED		7		1984	M
	SEX F	emale	Cauc.	MONTH / 25/8	34 YEAR	LAST BIRTHDAY)		DER I YR.	HOURS	24 HRS.	PRONOUI DE AL	NCED	M	7	17	1984	10:23
		THPLACE (STA		U.S.A.	AT COUNTRY		MARRI	ED NE	/ER MARRIE	Acres 1	Anne	Aru:	_				MD.
4	Gl	en Burr	nie	I NAME OF HOSP (IF NOT IN SUCH FAC North A	rundel	HOSP		ER INSTITU	ION	120 USU	MAST OF WO	PATION RKING LIFE)	(TYPE OF \	WORK	N/R	ND OF BU INDUST A	JSINESS RY
		arylan	d 36 ADUNTY		13. GIYER	TO Bur	nie	13d INSIDE C	TY LIMITS?	13e 40	F5 ^01	es S	tag	e F	lo a	d, a	21061
5	G	THER'S NAME	Lee Lane	MIDDLE	LAST			J an'	R'S MAIDE	NNAME	Butt	AIDDLE S			L	LAST	
10	N.	AS DECEASED	EVER IN U.S. ARME		None	SECURITY I	NO.	Ches	cyl M	ill	s, 8	ADDRI 271		art	eri	fiel	21144 d Rd
	2	gave rise couse (a) lying caus	s, il any, which to immediate stating the <u>under-</u> elast.	(b)  DUE TO, OR A  (c)  HTRIBUTING TO DEATH BI	AS A CONSEC	QUENCE OF		DR (DNDITIDI	I GIVEN IN PAR	T 1 (e),							
1	CATIO	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WH	ICH OPERA	TION W	AS PERFOR	MED?					_	20 A	UTOPSY	?
	AL CERTIFICATION	210 EXTERNAL UNDERLYING			INJURY MONTH DA	AY YEAR	21c. HC	)W INJURY	OCCURRE	D (ENTER I	NATURE OF IN	JURY IN ITEM	A IB PART	) OR PAR	_	ES 🔀	ио 🗆
	MEDIC	21d INJURY O WHILE AT WORK	CCURRED	21e PLACE O	FINJURY (A DRY, FARM, ETC.)			TREET			CITY OR IC	IWN		cou	NIY		STATE
4			y that I took charge	1 500	Accident	], Suici		Homic TITLE (S D ASS	PECIFY)	Undet		anner _	],	my opi	<sub>0</sub> _7-	-18-8 21201	
	o.BL		ION, REMOVAL 236		I 22. NIAA	en Ha	TERY O	CDEMATO	NDV	1934 IC	CATION						

MEM. FH, 6441 Windsor Mill

DATE REGISTRAR 236 REGISTRAR SSE Juna Day down

DHMH - 17 (VR A15 ME (5)) 20M 4/82 24 FUNERAL DIRECTOR

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OR ATTENDING PHYSICIAN: The fow

TO HOSPITAL

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR  STATE  REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENEO REG. NO	0.	3 7	EDT
ł	1. DECEASED NAME FIRST	M	IDDLE	· ·	AST	20. DATE OF DEATH		YEAR 26	. HOUR
	(TYPE OR PRINT) ESTHE	ER	STEINER		LECHLITER	JULY 24,			9:15 A
ı	3. SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS.
	Female	White		May	9, 1895	89	YRS	DATS	OURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O			
	Maryland	U.S. A.		WIDOWE		ANNE A	RUNDEL CO		MD.
4	GLEN BURNIE	LIE NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET CTH ARUND	ADDRESS)	SPITAL	120 USUAL OCCUPATION OF SOR WOST OF WORK FOR MOST OF BOOK Keeps		ustryA1.	Teg.Co. Ed.
1		NIYAnne	SIVE RESIDENCE BEFORE 136. CITY OR TOW Glen Burn	N.	YES NO 💢	130.STREET ADDRESS A		210	61
1	14. FATHER'S NAME FIRST John	MIDDLE	Steine	_	15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE G.	Ma	lone	
+	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU			on) ADDRE		10110	
	NO NO NOR UNKNOWN) (15 YES, G	e war or dates)	214-05-5	5583	Mr. Jack R. I		Same a	s #13	3
i	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per l ED BY:	ine for (a), (b), one	d (cu)	li scotes e	smeet	8/	APPROXIMAT	TE INTERVAL
	IMMEDIA	TE CAUSE (o)	C 111 OU	0 0 0	bid all	71-41	7		
	Conditions, if ony, which	DUE TO, OR	AS A CONSEQUE	NCE OF	congshir	heart?	failme		
	couse (0), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUE	NCE OF	GELHAR E				
1	PART 2 OTHER SIGNIFICANT	Falu	MTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 110	To the
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDIT	ION FOR WHICH	PERATIO	N WAS PERFORMED '	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF	
7	CO COLUMN TO CALLER CO. D.	AIR	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR I	PART 2)	
	OR CONTRIBUTING CAUSE OF DO	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	own cou	YĪMĮ	STATE
	220.1 certify that (I) (this hasp	ital) attended the	deceased Irom_			, to	, 19	, tho	ot 111 (we) lost
	sow the deceased alive a obove, (i) (we) (did) (did n	ot) view the body o	olter deoth.	, or	d that in (my) (our) opinion	deoth occurred on the de	ote and hour and tr	om the cou	uses stated
	27b. SIGNATURE				DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI	FF	DATE SIC	IS DAL
+	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			27e ADDRESS 7422	~		BLVD	5.
	BASANT K. K	HANDELWA	L, M.D.		GLEN	BURNIE, MA	RYLAND 21	061	
	230 BURIAL, CREMATION, REMOVA (SPEC#Y) Burial	July 2	7		EMETERY OR CREMATORY  11 Cemetery	23d LOCATION City or town Cumber Las	nd, Alleg	. Md	STATE
	24 FUNERAL DIRECTOR CA	2 HAV	104		4	E REC'D. BY REGISTRAR			E
	Singleton Funera	1 Home.	Glan Ru	mio	Ma	2 6 1984	" Davidson	-Nand	المالم

DHMH - 16 50M 4/83 (VRA 15, 4)

Singleton Funeral Home, Glen Bu

Glen Burnie

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumoric event, the medical

for the state and got the state of The Court of the State of the Court of the C THE THE SILVER THE SELL STREET

•	(	T Pour	o at out
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALLIMORE, MARIEDAY ALLON	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after described by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by the lumbal freed should be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 should be freed around 72 hours with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the medical examiner ment to the medical ex

BP\_ DHMH - 16 25M

(VR A 15 (4) ) 9/74

	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	/ 6	7 3
		CEASED NAME FIRST OR PRINT) Kazmie	era		echowicz	20. DATE OF DEATH MONT	TH DAY YEAR	26. HOUR 4 P M
	3. SE	x Female	White	S DATE C	PAY 1896	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
7	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Poland	76 CITIZEN OF WHAT CO	MARRIEI WIDOWE	D NEVER MARRIED D	Anne Aruno	del	MD.
		altimore	11. NAME OF HOSPITAL, LE NOT IN SICH FACILITY, G Hammonds Lai	IVE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWATE	RKING LIFE) 12b. KIND O INDUSTRY	of Business or Maker
5	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN 127 Land			134 INSIDE CITY LIMITS?		Street 2	1226
C	14, FA	THER'S NAME Joseph		eracka	is mother's maiden na first Unknow:	n widdle		nown
2	16a. V	NAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	-03-9387A	Albert R. L	echowicz 306 I	adena, Md 2 Delma Avent	21122 ue
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C		NSEQUENCE OF	Au Corona	MINAL DISEASE OR CONDITION		0)
7	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	Trate original which operation			b. IF YES, WERE FINDING CAUSES YES	
1		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MON P.M.	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	ITEM 18, PART 1 OR PART 2)	<b>1</b>
	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	City or town	COUNTY	STATE
		270.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) Artist (did no 27b, SIGNATURE	t) view the body after deat	h. 19, or	DEGREE	death occurred on the date o	and hour and from the	
	(	BURIAL, CREMATION, REMOVAL SPECIFY) BUrial UNERAL DIRECTOR	7/24/84	Holy Cr	COSS Cemetery 250. DA	234 LOCATION CHY OF TOWN Baltimore	COUNTY A . A . REGISTRAR'S SIGNAT	state Md.

George J. Gonce 4001 RitchtesHgwy Balto Md

JUI 24 1984 Julia Davidson Pandasa

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recuires that the death certificate be executed within 24 hours after death. Page 4 may be

After this certificate has been signed by the attending physician and campletely filled in by the funeral at the burnal trainst permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72

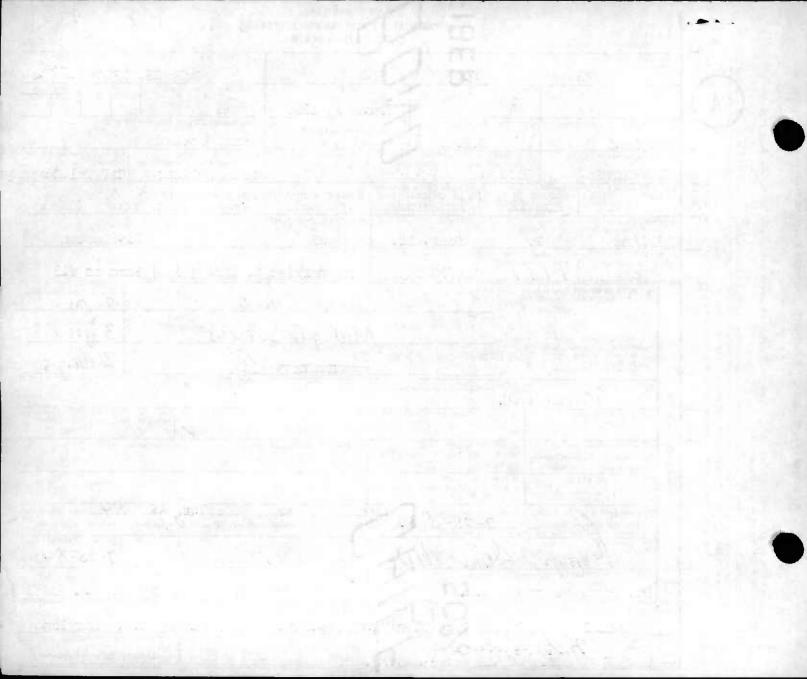
TO FUNERAL DIRECTOR, After the certificate has been signed by the attending physics should be detached for use on the bursal training permit. Then please remove carbon paper with the State Dept. of Health and Mantal Hygers prior to bursal, cremotion, as removal.

TO HOSPITAL OR ATTENDING PHYSICIAN, The low etoined by the hospital or attending physician.

#### STATE OF MARYLAND

1-	STATE REGISTRAR		DEPART	CERTIF	ICATE OF DEATH	REG. N					
	CEASED NAME FIRST E OR PRINT)	N	AIDDLE	ŧ	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	ROBERT		Lee	LI	INS	Ju]	ly 25	, 1984	5-3A		
3. SE	x Male	White		5. DATE C		6 AGE (IN YEARS LAST BIS	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HE		
	Mare	WILLE			rch 5, 1936	48	YRS				
7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DE ATH			
	aryland		.s.A.	WIDOWE	D DNORCED	Anne Arur			1		
10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS		
100	en Burnie		akwood Ro			Cable Spli	cer	C&P T	el.Com		
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		130. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	Œ			
Ma		ndel	Glen Bur		YES NO 🕅	7933 Oakv	vood 1	Road	21061		
14. F.A	ATHER'S NAME FIRST	MIDDLE LAST			15. MOTHER'S MAIDEN NAME FIRST MIDDLE						
Wj		•	Lins,	Sr.	Naomi		. 199	Livings	ton		
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	ED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS								
,	No //		220/30/5	Same as	#13						
	18 CAUSE OF DEATH (Enter on	y ane cause per	line for (a), (b) and	dicion	APPROSETIVE ET						
	PART I. DEATH WAS CAUSE!	D BY: E CAUSE (a)	erely	ral s	dencer - a	cute		241	ms		
		DUE TO OF	R AS A CONSEQUE	NCE OF	01. 0 0	0 ,					
	Canditions, if any, which	(b)			Multiple S	derosis		34	n,		
	gove rise to immediate cause (a), stating the	DUS TO OR	R AS A CONSEQUE	NCE OF		(03)		2	/		
	underlying cause last.	underlying cause last.				(20)		Sa	ays.		
z		,	ONTRIBUTING TO S	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR							
CERTIFICATION	1 news		CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED					
FIC	DATE OF OFERANOR	196 CONDITION FOR WHICH OPERATION			TO THE OWNER	IN CERT	RTIFYING CAUSES OF DEATH?				
ERT	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			21c. HOW INJURY OCCUR	res	но 🗌				
	OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	AY YEAR	THE HOW INSORT OCCUR	KED (ENIEKNATURE OF INJU	IKT IN HEM IS	PART TOR PART 2)			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19	21f. LOCATION						
MEC	WHILE NOT WHILE	21e PLACE C	EET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	NWN	COUNTY	STATE		
	AT WORK AT WORK	WHILE U									
	22e. I certify that (I) (this hospit saw the degeosed alive on		- 25 - 19 2	211	19.82	, to	4 43	- /	that (I) (we) I		
	above, (I) (we) (did) (did na			1	nd that in (my) (aur) opinian	death occurred on the &	are and ho				
	22b. SIGNATURE EMM	Den	w.M.	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		7-25	SIGNED 5-84		
	224. PHYSICIAN'S NAME TYPE O	R PRINT)		34	22e. ADDRESS	LEID L					
	Dr. Remzi M. D	emir, M.	.D.	200 Hospital	Dr. , Gle	en Bui	rnie, Mo	1. 2106			
23e E	BURIAL, CREMATION, REMOVAL	_		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
	Burial		1984 61	en Ha	ven Mem.Prk.	Glen Burn	ie A	.A. Ma	ryland		
24. FU	UNERAL DIRECTOR W	10/1	-	CII IIa		E REC'D. BY REGISTRAR					
ci	ngleton Funeral	Hopse	ADDRESS		111	L 2 6 1984		Davidson-V	anderes		
OT	ildieron runeral	HOME (	ien Burni	e. Mo		100.1	1	I MODOL . A			

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the full should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the

# STATE OF MARYLAND

1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	GIENE GIENE	10.	0 /	7
1. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
	RICHAR	RD J.	Lo	GAN , SR.	Jue	y 17	1984	7:30 M
3. SE		4. RACE		E OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UN		JNDER 24 HRS
	MALE	CAUCASIAI		VUARY 26 1921	63	YRS.		WAS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	EATH	
R	NNSYLVANIA		ATES WIDO	WED DIVORCED	ANNE AL	RUNDEL		MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE	PITAL, NURSING HOM ILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	126 USUAL OCCUPAT		b. KIND OF BU	JSINESS OR
_	ASADENA		EN AVE.		SUPERINTEN	DENT 1	1.A.Co.	GOV'T
136.	AL RESIDENCE (IF NURSING HOME OF STATE 135 COU		CITY OR TOWN	138. INSIDE CITY LIMITS?	130. STREET ADDRESS		. 11	170
	ARYLAND VIWNE	HRUNDEL P	ASADENA	YES NO		DEN HUB	, 211	122
14. 1	FIRST	WIDDIE	LAST DAG	FIRST MADE	WIDDLE		TELLE	SRATH
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 14h	SOCIAL SECURITY NO	17. INFORMANT	ADDR	ESS	VCUC	VATIA
100	YES, NO OR UNKNOWN) (# YES, G	WII 18	13-14-4/32	MARY J. Lo	CAN (SA	ME AS	13)	
1	7		5 // 165-	7777777	^	1	APPROXIMATE BETWEEN ONSE	INTERVAL
,	18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	SED BY:	10 1 0 0 0 0 0 0 0	and of Cal	on		BETWEEN ON 25	TAND DEATH
	IMMEDIA	ATE CAUSE (o)	boccing.					
	C 100 11 11	DUE TO, OR AS	A CONSEQUENCE OF	•				
	Conditions, if ony, which gove rise to immediate	(b)						
	couse (a), stating the underlying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF					
1		(c)						
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO DEATH 8	UI NOI RELAIED TO THE TER	MIN AL DISEASE OR COM	NDITION GIVEN I	Y PART TO	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WE		
E		2			YES NO	YES [		10 🗆
U	210. ACCIDENT WAS UNDERLYING	110110 1 11	JURY MONTH DAY YEA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1	OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF DE	CAIR	1					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN		211 LOCATION	CITY OR TO	DWN (	OUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	ACTORY, OFFICE, FARM, ETC.)	JINEEL				
٧	220.1 certify that (1) (this has	pital) attended the dec	ceosed from 9-1	19	3_, to 7-18	. 19_	8 4 , that	(1) (we) lost
	sow the deceased alive a	not view the body after	death. 19 8 4	ond that in (my) (our) opinio	n deoth occurred on the c	fote and hour and	from the cous	ies stoted
	22b. SIGNAJUH	. 0		DEGREE			22c. DATE SIG	NED
ľ	Me the	ela)		ATTENDING PHYSICIAN	DIRECTOR PHYSI		1-18	194
1	22d PHYSICIAN'S NAME (THE	CHENT		22e ADDRESS		A-TELE	300	
	H154	TO YD				N.L.		
23a.	BURIAL, CREMATION, REMOVA		23c. NAME O	CEMETERY OR CREMATORY	23d. LOCATION	- 00	JNTY A	STATE
	BURIAL	July 20,1	984 GLEN 1-	AVEN CEMETER	EY GLEN BU	ENIE AN	EARUND	EZ ME
24 E	UNERAL DIRECTOR	. 1	501 Rit	CHIE HWY. 1 30 0	TE REC'D. BY REGISTRAL	25b. REGISTRAR	SSIGNATURE	
1 1	1001 120 1	201 11.		D JUL 6	O IMPERIOR	d. Janila	70 1.00	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

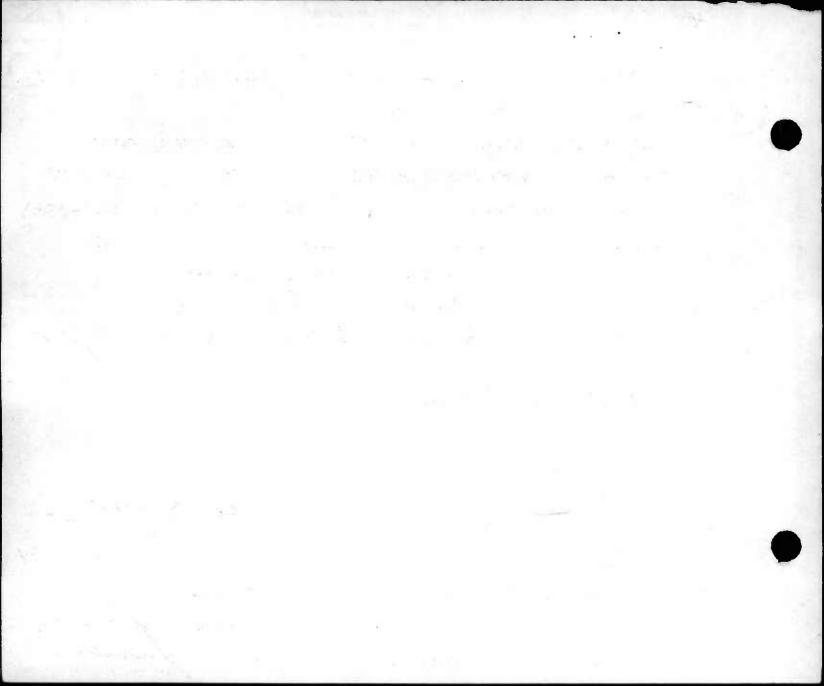
retained by the hospital or attending physician.

Ruse Comment Same to the 63 miles THE RESERVE AND THE PARTY OF TH Marchen 22 washing Marie and a first formation of the state of THE SHALL HAVE BEEN TON THE SHALL LIKE IN manufactured Townsell and the

20M 4/B2

2 10 square Chromic Alcoholism

+	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.				
		ECEASED NAME FIRST	MIDDLE	LAST		YEAR 26 HOUR			
g 22	1,	Edward	М.	Lupton	July 23, 1984	12:47 A.			
	3. S	EX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.			
( A: )		Male	White	May 12, 1915	69 YRS.				
a 5 9 g	70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED KINEVER MARRIED	9. BALTIMORE CITY OR COUNTY O				
norman 7	0	North Carolina	U.S.A.	WIDOWED DIVORCED	Anne Arundel Co	ounty MD.			
d in by the fube filed with	4 0	CITY OR TOWN OF DEATH	North Arundel		170 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Construction			
othin 24 haurstely filled in 2 should be in niner must be		JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Ann	OTHER INSTITUTION, GIVE RESIDENCE BEFORM  TY 134. CITY OR TOVE  Arunde 1	RE ADMISSION   13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS / ZIP CODE 788 Nabbs Creek	( Rd. '2106)			
2 sh	14, 1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST			
complete of comple	) (	lacob	Lupton	Sally		Davis			
n ond co	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS				
Pog -		no	213-07-	-8465 Ethel L. L	upton same as 13				
equires that the death certificate be a signed by the attending physician. Then please remove carbon papers. It to burial, cremation, or removal. injury, or other traumatic event, the miliury.		PART I. DEATH WAS CAUSE IMMEDIA	Ily one cause per line for jo), (b), o D BY. IE CAUSE (a) DUE TO, OR O A CONSEOL	CA 12 DIAC JUA	largtion oscerosic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
s that the death ce ed by the attendin alease remove corb rial, cremation, or ar other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	JENCE OF		1			
	NOI	Dece se te	s Itellite	DEATH BUT NOT RELATED TO THE TER/		WERE FINDINGS USED			
N: The low rysicion. cote hos bee onsit permit. Hygiene prio	CERTIFICATION				YES NO YES	NG CAUSES OF DEATH?			
SICIAN: ng physic certificat orial-tron ental Hy Item 18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR  19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I   OR PART ?)			
G PHYS of this of the bu	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
spital or spital or I for use o		22s.1 certify that (1) (this hours saw the decoyled alive on above, (1) (way (did) (did as	ottended the deceased from 19_19_19_19_10		to 07 - 2, 19 death accurred on the date and hour a				
TAL OR y the hay the had detached detached tote Dept		THE SIGNATURE	26		MEDICAL STAFF  THE DIRECTOR PHYSICIAN	23- J. 6-84			
HOSPITAL ined by the FUNERAL sold be det the Store OORTANT:		22d. PHYSICIAN'S NAME (TYPE C		4700 Donn	anton Ava				
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If	73a	BURLAL CREATATION DEALOWAY	Fisher M.D.	NAME OF CEMETERY OR CREMATORY	gnton Ave.				
BP		(SPECIFY)  Cremation  FUNERAL DIRECTOR		Security Process	Catonsville Ba	ltimore MD.			
DHMH - 16 50M 4/83	24			25g. DA	TE REC'D. BY REGISTRAR 356. REGISTRA	R'S SIGNATURE			
(VRA 15, 4)		James S. Kirkl	ey Glen Burnie	Md.	E 2 4 1984 Julia Davi	grown Warren			



6	1 -	FOR STATE REGISTRAR ZIP 2	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL TIFICATE OF DEATH	HYGIENE 8	7 3 9 8
ay be page 3 death		CEASED NAME BURTON	Leroy	MACK SY TE OF BIRTH	20. DATE OF DEATH	7-24-84 3 AM
Page 6 m		RTHPLACE (STATE OR FOREIGN 76 C		715 29 19C	6 78	HUATI IF UNDER TYPAR IF UNDER ZERS WONTHS DATS HOURS MIN.  YRS  R COUNTY OF DEATH
(1)2	2	OUNTRY)  TY OR TOWN OF DEATH 11.		RRIED NEVER MARRIED  DWED DIVORCED  ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD.  12b. KIND OF BUSINESS OR
die by	S	RESIDENCE (IF NURSING HOME OR OTHE TATE 136 COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISS	NUAPOLIS ONI OILIBI INSIDE CITY LIMITS	Rd Kaslury	E WORKING LIFE) INDUSTRY
etely fille	I) FA	THER'S NAME FIRST MIDD	), SQUETNA	YES NO NOTHER'S MAIDEN	914 040	ANNAPOLIS BLID
n and complete Pages 1 and 2 medical xomm		YAS DECEASED EVER IN U.S. ARMED		5. 17 INFORMANT	ADDRE	SE Gross 194
rtificate by physicial and papers.		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA		Static B	ladder Car	APPROXIMATE INTERVAL BEIWEEN ONSET AND DEATH CLAS  MICHAEL  MONTHS  MICHAEL  MICHAEL
that the death ce d by the attending lease remave carby ital, cremation, or ri-		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE C			
quires signe then p to bur njury,	NOI	PART 2 OTHER SIGNIFICANT CON	IDITIONS <u>CONTRIBUTING TO DEATH</u>	BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONE	DITION GIVEN IN PART I (6)
AN: The low rec shysicion. frote has been fronsit permit. I Il Hygiene prior I Il 8 showsany in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA		200 AUTOPSY?  YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \square\) NO \( \square\)
SICI ng p certs rial- rial- lento	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED		AR 19 211 LOCATION	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
DING PHY or attendu After this e as the bu alth and M marked or	MEC	WHILE NOT WHILE AT WORK  220.   certify that (I) (his hospital)	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TON	NN COUNTY STATE
R ATTENI hospital IRECTOR hed for us ept. af He tem 21 is		sow 11 5 deceased alive on obove (1) we) (did (did not) vie 22b. SIGNATURE	7/70 19 19 194	ond that in (my) our) opin	nion death occurred on the do	te and hour and from the causes stated
O HOSPITAL O etained by the TO FUNERAL DI Should be detack with the State De MPORTANT: If H		22d. PHYSICIAN'S NAME (TYPE OR PRIN		ATTENDIN PHYSICIAL	DIRECTOR PHYSIC	IAN [] 1/24/84
TO HOSF refained TO FUN should b with the	23a B	EW COL		OF CEMETERY OR CREMATO		ANNAP. Md 21401
BP DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FL	NERAL DIRECTOR III. 9	7-28-1984 CAT	Denles H12 WAPOLIS 250. Ve	1 5 2 2 2 PK	A A MAN PANAL PROPERTY OF THE PARAL PROPERTY

716 3174 P = B LONG Museum Lercy mass Sort 1 3 th make Bhack April 28 1966 78 A. S. N. Salama PK 914 Old ANNIPOLO & PRAJURIME SELF Bas Remark to the service of the box and box the arrive sales a many of it is the sale of the NICE N. 214-05-6847 CHAIR AT MARK TILL ELF TANKER

completely full

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deoth certificate

requires that the

PHYSICIAN: The ottending physicio

OR ATTENDING

TO HOSPITAL

etoined by the hospitol or

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remove carbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	BOT EDT
T. DECEASED NAME FIRST LILLIA	N Caroline M	ACK [AST	JULY 20, 1	10000
1. SEX	4 RACE	5. DATE OF BIRTH	O. MOL THITTEMENT CONTRACTOR	UNDER LYEAR IF UNDER 24 HRS
Female	White	July 6, 1896	88 YRS.	
Na BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED MOVED DIVORCED	9 BALTIMORE CITY OR COUNTY OF ANNE ARUNDEL	
GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACULTY, GIVE STREET, NORTH ARUNDEL	IG HOME OR OTHER INSTITUTION  ROSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSE Wife	126 KIND OF BUSINESS OR INDUSTRY OWN HOME
14. FATHER'S NAME	e Arundel Glen	IS MOTHER'S MAIDEN NA		
William	Ochse	Caroline	MIQDIE	Nazarenus
160 WAS DECEASED EVER IN U.S. A (15 YES, NO OR UNKNOWN) (15 YES, G	IVE WAR OR DATES)	5867 Pearl Stum		10 Erglet St alto.21225
Conditions, if ony, which gove rise to immediate couse 101, stoling the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENE OF LOWE,	R EXTREMETIES MSEASE	Z WKS.
PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNI	ALLURE; DIAB	DEATH BUT NOT RELATED TO THE TERM  SETES HELL TUS  OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES	WERE FINDINGS USED ING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (WE EITHER NOT BY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE ALWORK	HOUR A.M. MONTH DA	AY YEAR  19  211 LOCATION	RED (ENTER NATURE OF INJURY IN 11EM 18 PAR	RT 1 OR PART 2)  COUNTY STATE
220.1 certify that (1) (this has sow the deceased alive a above. 40 (we) (did) (did) (22b. SIGNATURE	New the body offer deoni.	Ond that in (my) (our) opinion  DEGREE  ATTENDING	death occurred on the date and hour	ond from the causes stated 22t. DATE SIGNED
22d PHYSICIAN'S NAME TYPE	ORPRINT) OMUCENO, M.D.	PHYSICIAN 2 22e ADDRESS 782	DIRECTOR PHYSICIAN DIS OAKWOOD ROAD, RIE, MARYLAND 2106	

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23c. NAME OF CEMETERY OR CREMATORY

Glen Haven

EMATORY 23d LOCATION CITY OR TOWN
Mem.Prk.Glen e A.A.

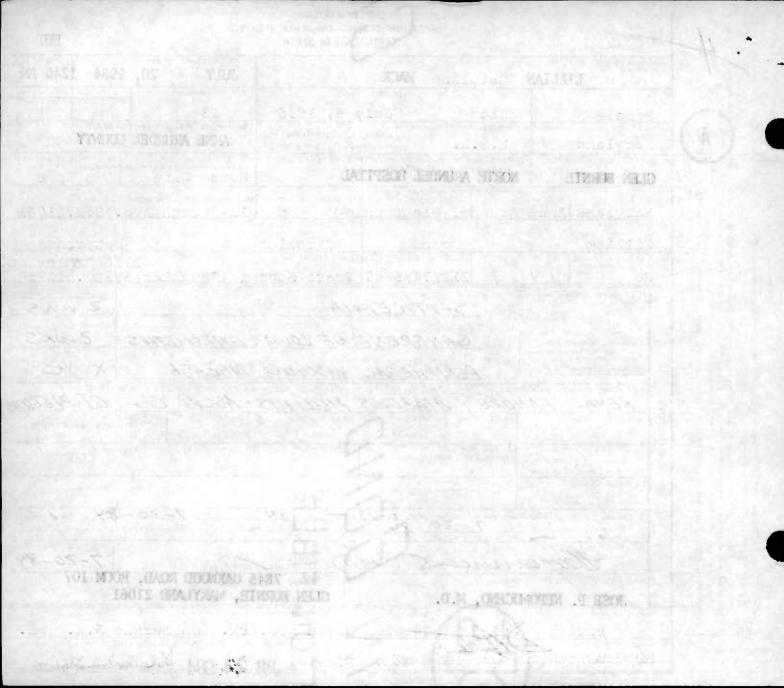
STATE Md.

24 FUNERAL DIRECTOR

Singleton Funeral Glen Burnie, Maryland

Burnie

DHMH - 16 50M 4/83 (VRA 15, 4)



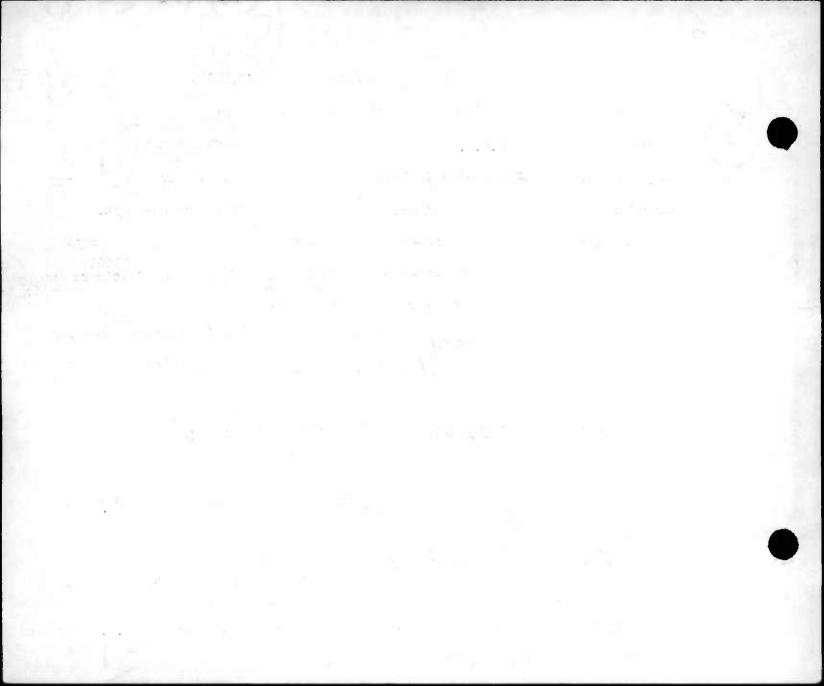
# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRA	AR			CERTIF	ICATE OF DI	HTA	REG. N	O.		EDT
1. DECEASED NA	AME FIRST	,	AIDDLE	Ĺ	LAST		20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
(TIPE ORPRINT)	ROSE	CE	CELIA	M	ACKBEE		JULY 10,	1984		11:35 an
3. SEX		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 74 HRS. HOURS MIN.
Fer	male	Wh	ite	MONTH 11	18	93	90	YRS	NINS DATS	HOURS MIN.
7a BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER M	APPIED [	9 BALTIMORE CITY	R COUNTY O	F DEATH	
Maryla	nd	U.S.	Α.	WIDOWE		ORCED	ANNE AR	UNDEL C	OUNTY	MD.
GLEN BU		(# NOT IN SUIC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A RUNDEL H	ADDRESS]		TUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemak	OF WORKING LIFE)	12b. KIND O INDUSTRY	OF BUSINESS OR
USUAL RESIDEN 130 STATE Marylai	ICE (IF NURSING HOME O		GIVE RESIDENCE BEFORE  130. CITY OR TOW  Baltimo	N	13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 5220 York		Apt. 7	'N 21212
14. FATHER'S NA	seph	WIDDLE	Dresse	e <b>1</b>	15. MOTHER'S	maiden na Irst [da	MIDDLE		Gra	yek
160 WAS DECEA	ASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	11	ADDR	ESS ,	21061	
NO NO	(III LES OI	THAN ON DATES	220-12-	8010	Henrie	tta C.	Mackbee 7		ltimor	e Annap-
Condition gove ris	ns, if ony, which se to immediate the stating the mg course state.	DUE TO, OI  DUE TO, OI  (b)  DUE TO, OI  (ET	RAS A COMSEQUE	MCE OF	theroit Like ATED	resination of the term	Cardio C 2 E Vec AINAL DISEASE OR COM	Min. If YES, Y	WERE FINOIR	77)
OF CONTRACT OF CON	ENT WAS TUPDER TIME    BUTHER   CAUSE OF DE  HOTER WICE ALL EXAMINE  BY OCCURRED  AS TOOLS  AS TOOLS  THE GOODS SHOW THE GOODS SHOW THE	21s. PLACE (AT HOME 11)	M. /MONTH DA M. OF BUJURY HELFACION OFFICE, F	19 6/	ZH LOCATIO	N 19	RED TO TO THE OF WE	200 PV (T) M 18. PAR 200%	COUNTY DE	STATE
77% 51GN	e, (i) (we) thid I thid o	of view for body	A deoty		DEGREE	TENDAR .	MEDICAL STA		2% DATE	SELD THE TAXABLE
0.000	SANG K.,		0/		71 ADDRESS		BALTIMORE-A	NNAPOL	IS BLV	D.
73s BURIAL CRI	emation, remova Burial		1935		aven Cer	REMATORY	234 LOCATION CITY OR TOWN		A.A. 1	Maryland
Hubbard	RECTOR Funeral H		Abpers	21229			3 1984		AR'S ENGNAI	URE

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR



20M 4/82

STATE OF MARYLAND

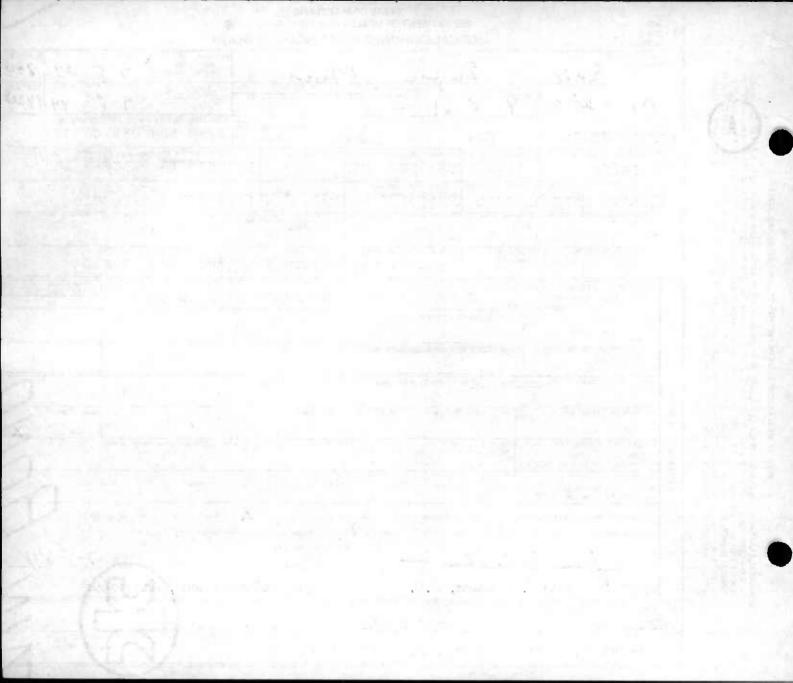
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DHMH - 17 (VR A15 ME (5) 20M 4/82

PLEASE ECTOR FILES. HOURS STREET,

### STATE OF MARYLAND

	1 - 3	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S C		CATEO			REG.	NO			Gray
	I. DEC	EASED NAME	FIRST		WIDDLE		LAST		-	20 DATE	KNOWN		DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	Eric	2	la \une	1	Pair	1		OF	MATED	67	5	1984	1200
	3 SEX	/V/al	A.RACE White	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDA	ARS IF UN		IF UNDER		20 DATE PRONOUN DEAD	<b>ICED</b>	MONTH	DAY	YEAR 1984	24 HOUR
15	500	RTHPLACE (ST	ATE OR ANIA	76. CITIZEN OF WH.	AT COUNTRY?	MARRI WIDOW		VER MARRI	ED LA	ANNE		UNDEI		UNTY	MD.
U		NAPOL:		11. NAME OF HOSP UF NOTHIN SUCH EAC	TTAL, NURSING HOME TVER BAYS			TION	1700	D'SCA		BELC	HER		D-
5	USUA 130 ST M A	RESIDENCE RESIDENCE	ANNEUN		RESIDENCE BEFORE ADMISSI ANNA POL'IS		13d. INSIDE C	NO 🔀	134 STR	3 ART	\$§ ER	SCA1 BAY	ROA	A .	401
1		THER'S NAME EUGENI	E J F	R MIDDLE M.	AIER			R'S MAIDE R'LEN	NAME	M	IDD16	GEIEF	?	LAST	
/	I6a. W	AS DECEASED S. NO. OR UNKNO O	EVER IN U.S. ARA		218-90-6		EUGE		R MA	IER	SAMI	E AS	13E		
		Candition gove ris	ATH WAS CAUSED	DUE TO, OR A	ELF INFLI	OF	) GUN	SHOT	WOU	ND I	O CH	HEST	BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
7	CATION	lying cou	NIFICANT CONDITIONS C	(c) ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM  ON FOR WHICH OPER	INAL OISEASI			RT ( o				20 /	AUTOPSY?	
1	MEDICAL CERTIFICATION	UNDERLYING			MONTH DAY YEAR	21c Ho	OW INJURY	OCCURRE	D (ENTER N	NATURE OF IN:	JURY IN ITEM	18 PART I OR I		YES 🗌	NO 💢
	MEDIC/	214 INTURY C	CCURRED NOT WHILE AT WORK	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION			CITY OR TO	wn	C	OUNTY		STATE
D		220 I certif death resulte ACTUAL SIGNATUE	y that I took chorge ed from: Noture			Autop	Hamic TITLE (S	PECIFY)	Undete	Inquiry ermined mo	AINER	and in my of and in my of and in my of an	ED 7	-5-8	14
			ION, REMOVAL 2:		23c. NAME OF CEA	METERY O	ADDKE33_			CATION			-		
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		INERAL DIREC	TOR					250 DATE	REC'D BY	REGISTRA	R 255 RE	GISTRAR'S	SIGNAL	URE IN	A
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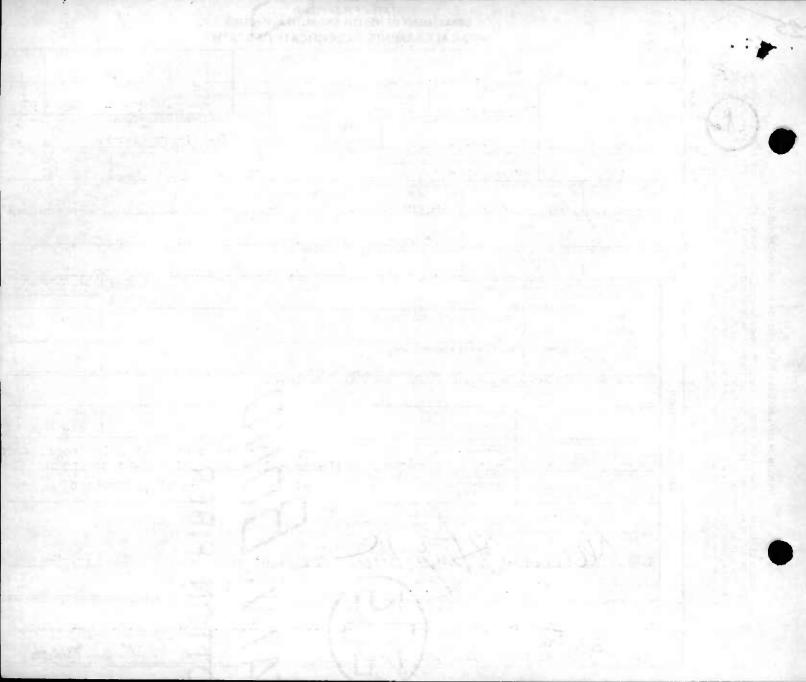


BP. DHMH - 17 (VR A15 ME (5 20M 4/B2

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR		MEI	DICAL EXAM	AINER'S	CERTIFIC	ATE OF D	EATH REC	5. NO.		
	CEASED NAM	NE FIRST		MIDDLE		LAST		2a. DATE KNOW! OF ESTI-	HTMOM	DAY YEAR	2b. HOUR
		MIC		YHTOM		ATHEWS		DEATH MATEL	VOOT:	4 1984	M
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (		UNDER I YR. IF	UNDER 24 HR	RS. 2c. DATE	MÖNTH	DAY YEAR	2d HOUR
-	ale	White	May 11, 1	1957 27	, ,,,,,	VINS DATA	100KS MICK	DEAD Jul	ly 7,		9:30A
	RTHPLACE (S		76. CITIZEN OF WH	IAT COUNTRY?	8. MAR	RRIED NEVE	R MARRIED [	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
Ma	aryland	E L	U.S.				DIVORCED [	Baltimor			MD.
10. CI	TY OR TOWN	OF DEATH		PITAL, NURSING H		THER INSTITUTION		USUAL OCCUPATION OR MOST OF WORKING LIFE		OR INDUST	JSINESS RY
1	Dundalk	(	Key Bri				Ser	rvice Techr	nician F	Phone Ca	ŞΡ
USU A		(1F IN NURSING HOME C	OR OTHER INSTITUTION OF	THE CITY OR TOW		138. INSIDE CITY	LIMITS? 13e. S	STREET ADDRESS			
1	aryland		Arundel	Glen Bur	nie	YES 🗌		Brownshade	e Drive	21061	1
14. FA	FIRST	E	MIDDLE	LAST		15. MOTHER'	'S MAIDEN NA	ME		LAST	
	ames		Α.	Mathew			ricia	J.		oghegan	
160. V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOCIAL SEC	URITY NO.	17. INFORMA	NT	ADDI	RESS		
No			1111	216.60.6		Lisa M	. Mathe	ews (Wife)	Same a		
	18. CAUSE C	OF DEATH (Enter on EATH WAS CAUSE	ly ane cause per line D BY:							APPROXIMATE BETWEEN ONSE	
3	03-		TE CAUSE (o)	Drowning							
/	Conditio	ons, if any, which	DUE TO, OK	AS A CONSEQUEN	ICE OF						
	gave r	ise to immediate	(b)	15.1.50115501151							
	lying car		DUE TO, OK	AS A CONSEQUEN	ICE OF						
	BART 2 OTHER S	ICRICICANT CONDITIONS	(c)CDNTRIBUTING TO DEATH B	BUT NOT BELLTED TO THE	P YEAR ALL DICE	*** DA CONDITION /					
z	PART Z OTHER J	IGNITICANT CONDITIONS	CUNTRIBUTING TO DEATH	JUI NUI KELAIEU IU INE	IEKMINAL UISE	ASE DE COMUITION 6	IVEN IN PAKE F (0)				
CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDIT	TION FOR WHICH O	OPERATION	WAS PERFORM	ED?			20 AUTOPSY	2
FIC											NO [
ERT	71a. EXTERN	AL CAUSE WAS	214-TIME OF	MONTH DAY	21c	HOW INJURY C	CCURRED (EN	TER NATURE OF INJURY IN IT	M 18 PART 1 OR PAR	YES X	
	UNDERLYING	G XOR ING CAUSE OF I			YEAR F	assenge	rofa	runabout	ooat whi	ich over	rturnec
MEDICAL	214 INJURY		21e PLACE C	OF INJURY (AT HOM	ME. 211.			g at a high	rate c	or speed	
X	WHILE DE L	NOT WHILE X	8 STREET FACT	VE FARM, ETC.)		Key Bri	dge	CITY OD OTTICA	lk, Mary	yitand	STATE
				74.3.4. 1.14	-	opsy 🗱					
1			ge of the remains desi	In // VI			Inspection 🔲	i, Inquiry L.I.	and in my api	inian	
	death result	led training Natur	ral causes	Akcdent LAI,	Suicide	, Hamicid		determined manner (			
	ACTUAL SIGNATURE	Lely	und X	Jul 1	May	,	,	NEDICAL EXAMINER	DATE	7-7-84	4
	ERGONICANS		V	7	-	M.D			SIGNED	)	
1	EXAMINER'S (TYPE OR PRI	NAME Denn	is F. Smy	th, M.D.		ADDRESS	111 Pe	enn Street			
23a. B	URIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. NAME OF	FCEMETERY	OR CREMATOR	Y 23d	LOCATION	COUNT	ITY SI	TATE
(3	Burial	0	Jul. 10,19	984 Glen	Haven	Memoria		Glen Burnie		Maryla	
24 FI	NAME	CTOP )	#DDRESS					BY REGISTRAR 256.	REGISTRAR'S SH		
S	ingleto	n Funera.	1 Home G1	len Burni	e, Mar	yland	שטע	1 0 1984 4	White David	son-gand	ن خال



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### STATE OF MARYLAND EOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1 -	STATE REGISTRAR			ori An	CERTIF	ICATE (	OF DEATH		REG.	NO.			ED'	T
	CEASED NAME	FIRST	M	AIDDLE	i.	AST		2a. DAT	E OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
(TYPE	OR PRINT)	OHN	BL	AND 1	MATTHE	WS ,	Sr.		ULY	02.	198		012	PM
3. SEX	K	4	RACE		5. DATE C		AY YEAR	6. AGE	( IN YEARS LAST	BIRTHDAY)	MONTHS.	R 1 YEAR	IF UNDER	24 HRS MIN.
	Male		Whit	е	May		1923	10.0	61	YRS			170083	MUS.
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF V	WHAT COUNTRY	? 8	X NEV	ER MARRIED	9. BALT	IMORE CITY	OR COUNT	TY OF DE	ATH		
	Virginia		U.S.	A	WIDOWE		DIVORCED [		ANNE A	RUNDEI	COL	NIY		MD.
	TY OR TOWN OF DEA		(IF NOT IN SUCH	OSPITAL, NURS H FACILITY, GIVE STREE ARUNDEL			INSTITUTION	(TYPE OF	WORK FOR MOS	T OF WORKING	LIFE) IND	USTRY	e Sv	
13a. S	AL RESIDENCE (IF NURS STATE aryland	136 COUNTY		GIVE RESIDENCE BEFO 13c. CITY OR TO Linthic	WN	YES [	DE CITY LIMITS?	13e.STRI 6113	EET ADDRES Medo	S / ZIP COI	DE	210		
14. FA	THER'S NAME FIRST	MIC	DIE	LAST		15. MOIT	HER'S MAIDEN N	AME	MIDDLE			LAS	T	
R	obert		F.	Matthe	WS	F	lorence		В			Waller		
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC	URITY NO.	17 INFO	RMANT		ADD	RESS				
	es	W.W.		225/20/	5103	Jun	e Matthe	ws (	Wife)	Same		#13	MATE INTER	
	Conditions, if any gave rise to immediate fol, stating underlying cause	mediate ng the	DUE TO, OF	AS A CONSEON	100	10	om a	lre.	Con	e po				
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I											PART 116	· ·	
CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHIC	ICH OPERATION WAS PERFORMED							WERE FINDINGS USED YING CAUSES OF DEATH?		
MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (# EITHER, NOTIFY MEDI	CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR									PART I OR	PART ?)		
MED	21d. INJURY OCCUR  WHILE NOT WE AT WORK AT WO	нив П	IAT HOME, STREET, FACTORY, OFFICE, FARM, ETCH STREET CITY OF TOWN COUNTY STATE											
	22a. L certify that (1) sow the deceas ove, (1) (we) (	ed alive on	1117	10	7/41	nd that in	(my) (our) opinio	n death oc	curred on the	date and he	our and f	,	that (I) ( couses st	
	226 SIGNATURE	005	Ċ	10	P	DEGREE	ATTENDING PHYSICIAN	MEDIC	CAL ST TOR PHY	TAFF SICIAN [	22	CDATE	SIGNED	
	22d. PHYSICIAN'S N.	AME (TYPE OR	RINT)			22e ADI	DRESS 725	HOST	TATTAT I	OD TUE	CTIT	ב מנים	01	

GLEN BURNIE

Prk.

JUL

5

23d LOCATION

Elkridge

1984

COUNTY

Howard

Maryland

231 NAME OF CEMETERY OR CREMATORY

1984 Meadowridge Mem.

Glen Burnie, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 houwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If them 21 is morked or Item 18 shaws etoined by the hospital or attending physician O HOSPITAL BP

23a BURIAL, CREMATION, REMOVAL (SPEC(#Y) Burial

24 FUNERAL DIRECTOR

Singleton

23b. DATE

Funeral Home

DHMH - 16 50M 4/83 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

20M 4/B2

STATE OF MARYLAND

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH		5. NO.	1 7	0	0
			FIRST Garet	RACE	NIDDLE	MC/	Knight	26 DATE OF DEAT	7	31 84	330	AM
	1.	Emale			ITE Sign	MONTH		7	9 YRS.	MONTHS DAYS	HOURS	MIN
A		RTHPLACE (STATE OR FO DUNTRY)  New Yor		CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT	2 rund	Y OF DEATH		MD.
7	10. CI	coklyn Par			OSPITAL, NURSING FACILITY, GIVE STREET A	G HOME C	or other institution	170 USUAL OCCUP	PATION OST OF WORKING L	12b. KIND C INDUSTRY		
6 2 6		AL RESIDÉNCE (# NURS TATE Md.	136 COUNTY A.A.		give residence before 13c CITY OR TOWN Pasadena			130 SIREEI ADDRE 202 Si		Bay Rd.	(2112	22)
1	JA. FA	THER'S NAME	thur ""	ODLE	Chase		15. MOTHER'S MAIDEN NAM	MIDDE		LAST		
		VAS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE W		126-14-2		17 INFORMANT Raymond De	A, Md. 21122 24 Rock Hill Rd.				
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							IVEN IN PART 10	0)		
6	CERTIFICATION				DITION FOR WHICH OPERATION WAS PERFORMED			206 AUTOPSY? YES NO	IN CERT	ES, WERE FINDING CAUSES		H?
	-	OR CONTRACTOR OF CALLER OF OFFICE HOUR A			OF INJURY  A.M. MONTH DAY YEAR  P.M. 19			RED (ENTER NATURE OF	INJURY IN ITEM 18,	, PART 1 OR PART 2)	10.8	
	OR CONTRINGUIRED CAUSE OF DEATH  (# EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  216. INJURY OCCURRED  AT WORK  NOT WHILE AT WORK  NOT WHILE AT WORK  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  276. Learlify that (1)/(this hospital) attended the deposed from 19 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 19 10 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19									thor (v		
		sow the decessed by the sound of the sound o	20	RINT)	ofter death.		22e. ADDRESS	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE 7/3	SIGNED	122
-		URIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d LOCATION STUPTION		7: SUNTINI =	+	ATE

BP DHMH - 16 25M

retained by the haspital or attending physician.

TO HOSPITAL

(VR A 15 (4) ) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and inhuld the detached for use as the buriol-transit permit. Then please remove carbon papers. Paged with the State Dept. of Health and Mental Hygique prior to buriol, cremation, ar removal.

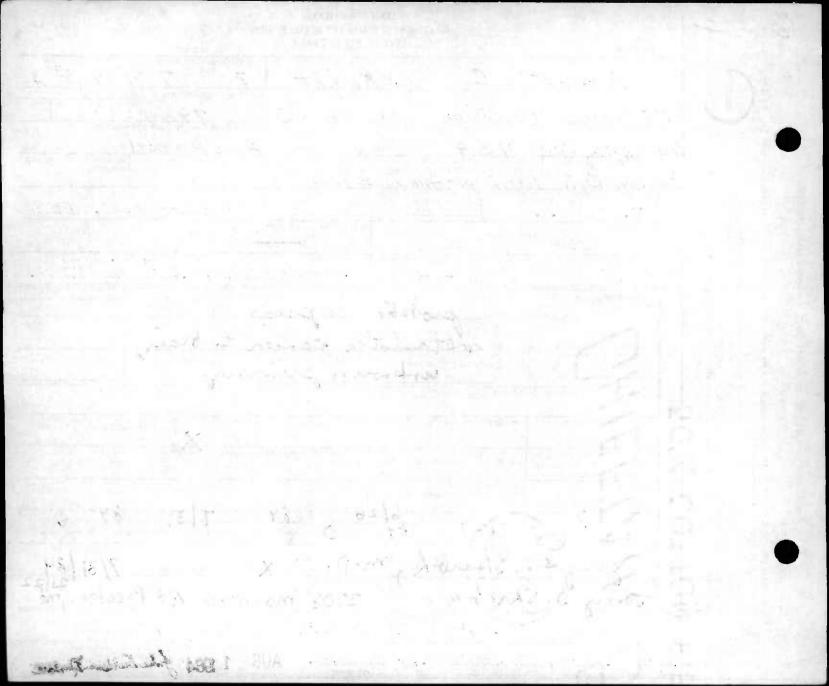
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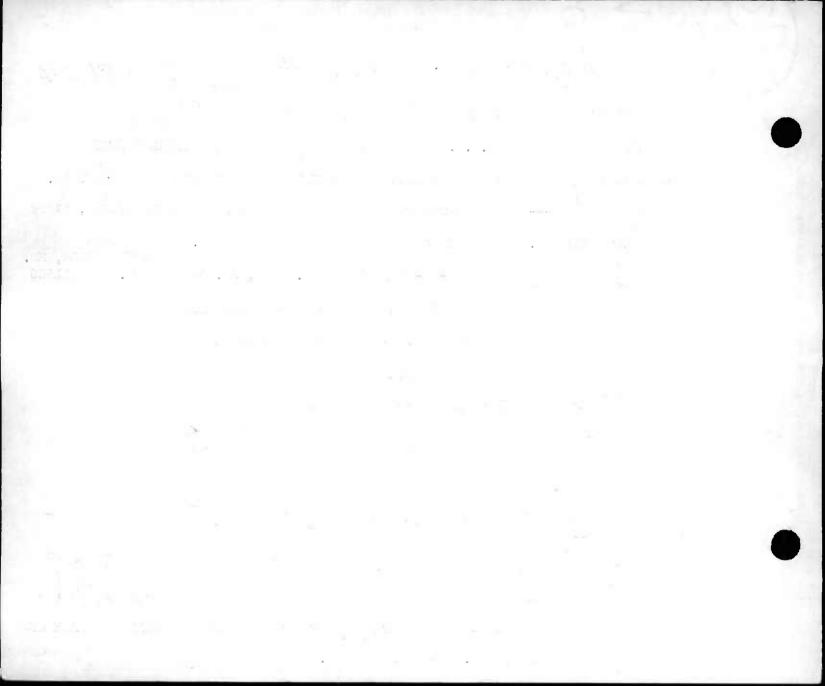
24. FUNERAL DIRECTOR

George J. Gonce, 4001 Ritchie fig., Baltimore, Md.

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5	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGII	ENE 8 4	179	0 /
4 1		CEASED NAME OF PRINTI	DORIS	E.	ý	MEIL 1	MEIL	2a DATE OF DEATH MONTH	15 84	26. HOUR,
ge 4 r	3. SE)	FEMALE	4 RACE Wh	178	5. DATE O	15 BIRTH	YEA90	6. AGE (IN YEARS LAST BIRTHDAY)	10	HOURS MIN.
orh. Po		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MAR		9 BALTIMORE CITY OR COU		
0 03 .9	10 CI	MARY LAND TY OR TOWN OF DEATH	J1. NAME OF	S.A. HOSPITAL, NURSIN	G HOME O			ANNE ARUNDE;  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF	BUSINESS OR
in by the filed		NAPOLIS	ANNE	ARUNDEL G	ENERA	L HOSPITA	AL	CANDY MAKER	CANDY	CO.
filled hould b	13a. S	RYLAND -	NTY	BALT IMO	/N	E.E.J	0 🗆	5165 FREDERIO		21229_
ond 2 s	14. F.A	THER'S NAME FIRST  ELLSWORTH	MIDDLE S.	STICKE	LL	15. MOTHER'S MA		V.	FORD	
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te be sers. Po		NO	nly ane cause pe	216-07-		CONRAD	A. MEI	L, JR. BOX 24:		21666
rtifica a phys emove event,		PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)	Portin	c/Re	nin Kan	Ken	norkage		
death ce attending ave carb itian, or r		Candisian 16 - 11 I	DUE TO, O	OR AS A CONSEQU	ENCE OF	1 0.	12			
by the ot by the ot ose remove I, cremotic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, (	OR AS A CONSEQU	ENCS OF		C m			
uires ti iigned en pler burio ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PART 110	
been s mit. Th prior to ony inj	CERTIFICATION	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATION	N WAS PERFORM	ED		F YES, WERE FINDING	
The lo	RTIFIC	nine				12		YES 🗌	YES	NO [
SICIAN: ng physi certificat urial-tran ental Hy ltem 18		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A	of Injury a.m. month d p.m.	AY YEAR	ZIC HOW INJUR	RY OCCURRE	D (ENTER NATUR) JURY IN ITEA	w 18 PART I OR PART 2)	
O PHYSIC orthogonal the buring ond Merical the buring	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, I		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TENDINITION OF COR. After Cor. Use os of the colth		22a.1 certify that (1) (this best		19 19 7	34 7 ar	d that in (my) (or	19.84 Topinion de	eath accurred on the date and		nat (luma last
the hospital DIRECTOR TO THE CONTROL OF T		77h, SIGNATOR	and on	y after death	Tu.	ATTE	ENDING X	MEDICAL STAFF DIRECTOR PHYSICIAN	124 DAY 5	IGNIGO PER
O HOSPITA  Mained by O FUNERA Hould be de hould be de MPORTANT		B. T. HA	cuma	in Tui	)	721 ADDRESS	urre	Ave Ann	Dacky 7	
		URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CRE	MATORY	234 LOCATION	COMIT	STATE
BP		BUR IAL UNERAL DIRECTOR	07-1	8-84	BALTI	MORE NAT		BALTIMORE C	ITY N	ARYLAND
OHMH - 16 50M 4/83 (VRA 15, 4)		JBBARD FUNERAL	HOME, I	NC. 4107	WILKE		JÜ	[201984] Jun	a Davidson-1	andell



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#### STATE OF MARYLAND

DEPARTM		ALTH AND M		IENE Ö	REG. N	40.	- /	1	0	
Marie	, MI	EYE	TT	2a. DATE OF	DEATH	MONTH 7-	DAY -2 :	YEAR SY	26. HOU	0.
	5. DATE OF	BIRTH		6 AGE INY	EARS LAST BI	IRTHDAY)	# UNDE	RIYEAR	IF UNDER	24 HR5
sian	MONTH 8	25	21	(	02	YRS	MONTHS	DAYS :	HOURS	MIN
HAT COUNTRY?	8.			9 BALTIMO	RE CITY	OR COUN	Y OF DE	ATH		

DECEASED NAME I TYPE OR PRINTS 1:5EX 4 RACE ausa 76 CITIZEN OF W MARRIED | NEVER MARRIED | 176 KIND OF BUSINESS OR INDUSTRY Hrundel 4 ame USUAL RESIDENCE | IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE | 13b. QUNTY | 13d. CITY OR TOWN 13d INSIDE CITY LIMITS? Hnnapolis 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST FIRST MIDDLE reorge 000 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO DE UNKNOWN LIF YES, GIVE WAR OR DATES) +13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DAMEUCTIVE PULHONDRY Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 40 MORAX CERTIFICATION CARONIC 70h, IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [ YES [

21a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

19

21c HOW INJURY OCCURRED

STREET AT HOME STREET, FACTORY, OFFICE FARM ETC.)

CITY OR TOWN COUNTY STATE

220.1 certify that this hospital attended the deceased from. and that in (my did not) view the body after death.

P.M

71e PLACE OF INJURY

(our) opinion death occurred on the date and hour and from the causes stated DEGREE

774 PHYSICIAN'S NAME LITYPE OR BEINT

DIRECTOR PHYSICIAN X PHYSICIAN ADDRESS

MEDICAL

23c. NAME OF CEMETERY OR CREMATORY

STAFF

730 BURIAL CREMATION. 23b. DATE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

71d INJURY OCCURRED

WHILE

211 LOCATION

Hnnapo

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 PUNERAL DIRECTOR

FOR - STATE REGISTRAR

DHMH - 16 50M 4/B3 (VRA 15, 4)



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shauld be 0

DHMH - 16 50M 4/83 (VRA 15, 4)

# 5. DATE OF BIRTH MONTH Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED 🔀 DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION CITY OR TOWN 13d. INSIDE CITY LIMITS? gewal 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT LIF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for (a). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 19g DATE OF OPERATION 14b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s. AUTOPSY? TID. ACCIDENT WAS UNDERLYING. 21h TIME OF INJURY THE HOW INJURY OCCURRED LENGTH NATURE OF PHILIPS OF PART IS DRIVED TO THE PART IS DRIVED TO HOUR A.M. MONTH DAY YEAR CR CONTRIBUTING T CAUSE OF DEATH FETHER, NOTEY MEDICAL EXAMPLES P.M. 19 211 LOCATION 714 INJURY OCCURRED 21e. PLACE OF INJURY **519687** EAT HOME STREET FACTORY, OFFICE FARM, ETC.) at words 22a I certify will (I) (this hospital) attend

FOR - STATE

REGISTRAR

I. DECEASED NAME

SIGNATURE DEGREE 27L DATE SIGNED PHYSICIAN DIRECTOR | PHYSICIAN | TS NAME THE OFFER 27s. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

12b. KIND OF BUSINESS OR

RETWEEN CHOST AND D

70h. IF YES, WERE FINDINGS USED

COUNTY

and that in (my) pair) opinion death occurred on the slate golf have and from the course states

MATE

IN CERTIFYING CAUSES OF DEATH?

2103

DETVICE

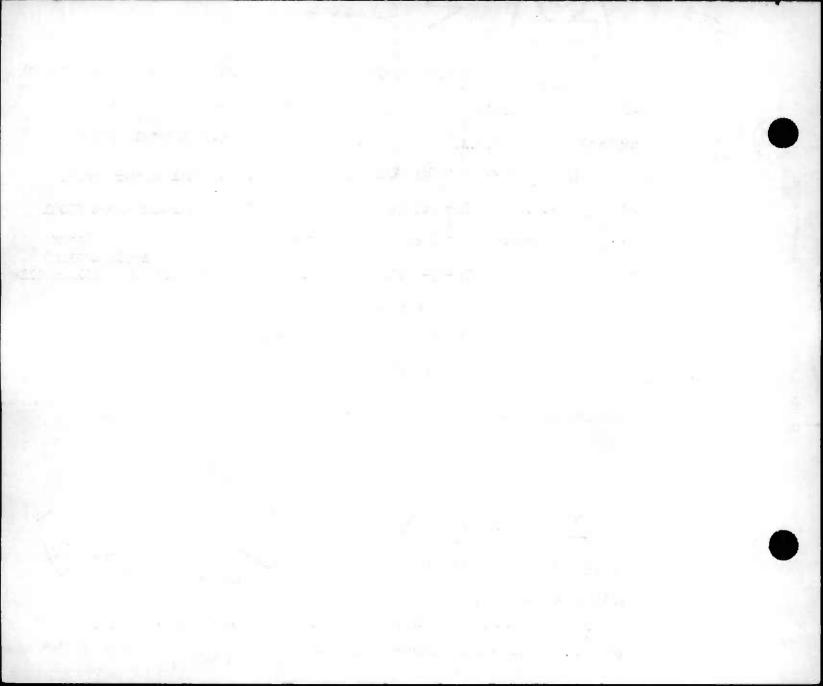
IF UNDER I YEAR

MONTHS DAYS

2a DATE OF DEATH

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5		1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 7	9 I O EDT
eo eo p			CEASED NAME FIRST JOHN	FRANKL	IN NELSO	N AST	JULY	19, 19	984 1113 AM
ge 4 moy	\	3. SE	Male	4 RACE White	S DATE O		6 AGE (IN YEARS LAST BIRTH	MONTHS  YRS	R LYEAR IF UNDER 24 HRS.  DAYS HOURS M.IN.
deoth. Page			RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR ANNE AR	COUNTY OF DE UNDEL CO	
rs ofter g by the filed will			GLEN BURNIE	NORTH ARUN	DEL^HOSP		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y Sheet Metal	VORKING LIFET IND	KIND OF BUSINESS OR DUSTRY Martins
ithin 24 hour	and to a	USU 130	AL RESIDENCE (IF NURSING HOME OF			13eSTREET ADDRESS / ZIP CODE 105K Governors Court 21061			
ompletely ond 2 sh	exemine 2	14. F/	THER'S NAME	rank Ne	lson	15. MOTHER'S MAIDEN NAM	WIDDLE		Conner
S S	a dico		VAS DECEASED EVER IN U.S. AF VES. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	5-2501	Elma V. Ward	addres 1 8349 Bakwo	od Road	and 21108 Millersville
	event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (à), ED BY: TE CAUSE (o)	della l	Reath			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the deot	qury, or other froumotic	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A COM  (b)  DUE TO, OR  (c)  CONDITIONS CONTRIBUTAN	luse TI	4.  NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN	PART TIO
he low re on. has been t permit. I ene prior	ows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERI IN CERTIFYING YES [	E FINDINGS USED CAUSES OF DEATH? NO
dring physicic dring physicic is certificate buriol-transif Mental Hygi	or ifem to sn	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONT P.M.  21e PLACE OF INJURY	19	21c HOW INJURY OCCURE			
OR ATTENDING PRINCE PRINCE PRINCE AND INTERPRETATION After the paper of the office of	flem 21 is morked o	ME	while AI WORK  270. I certify that Withis hosp sow the deceosed olive or above, (I) (mo) (A) (did no)		from ord 7	street  19  d that in (my) to a copinion of DEGREE	, to	, 19 e and hour and f	, that (1) (1) lost from the causes stated
TO HOSPITAL O retoined by the TO FUNERAL D should be detective the Street D with the Street D with the Street D should be detective to the Street D with the Street D should be detected by the Street D should be detected by the Street D should be	A POK A N		174 PHYSICIAN'S NAME (1791) ELLIOTT GOD	RBATY, M.D.	m	78 GLEN BUR	DIRECTOR DEPLYSION  45 OAKWOOD F  WIE, MARYLAN	ROAD, SUL	
BP			BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/23/84		ven Mem. Pk	Glen Burn		
DHMH - 16 50M 4/1 (VRA 15, 4)	83	24 F	weral director George J. Go	once 4001 Ri	tchie H	gwy Balto 250. DAT	2 4 1984	REGISTRAR'S	SIGNA Mandelle



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18	

FOR CAROLYN R. NOGA - STATE REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

MONTH

AUG

	REG. NO.				
	28 July 8	DAY 24	YEAR	26 HOL	
Ī	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDE	RIYEAR	IF UNDER	24 HRS
	71 YRS.	MONTHS	DAYS	HOURS 1	MIN.
	O BALTIMORE CITY OR COUNT	VOEDE	ATH		

WHITE 76. CITIZEN OF WHAT COUNTRY? Maryland

4 RACE

MARRIED AEVER MARRIED WIDOWED DIVORCED

Anne Arundel County

10. CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12b. KIND OF BUSINESS OR Housewife

MIDDLE

KIMBROUGH

Brooklyn JANNE ARANdel

13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

1912

13e. STREET ADDRESS 323 Haile Ave., (21225)

4. FATHER'S NAME

3. SEX

Walter

Kimble

Margaret 17 INFORMANT

Gerwig ADDRESS (21122)

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

underlying

CERTIFICATION

16h SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES)

037-12-6502

Wanda N. Tice, 8243 Fairwood Dr., Pasadena, MD

Conditions, if ony, which gove rise to immediate couse (o), stoting the

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

78s. IF YES, WERE FINDINGS USED 28s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES T NO [

ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUTE OF BEATH OF ETHER NOTES MEDIC IN EXAMINER THE INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 10 THE PLACE OF INJURY (AT HOME STREET, FACTORY DIFFICE FARM, ETC.)

THE LOCATION

COUNTY

NOT WHILE 77s.1 certify that the (this hospital) attended the decreased from saw the decreased alive an Secretary 19 above, (II (we) (did (did np)) view the body after death. that in (my) (our) apinion death accurred on the date and hour and from the course states

72h SIGNATURE

73b. DATE 8/2/84 ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

TIC HOW INJURY OCCURRED (INTERMALISE OF PURISH MITTER 18, PART I OR PART 2)

CITY OR FOWN

77: DATE SIGNED

SEATS

274 PHYSICIAN'S NAME (THE OFFER)

73a. BURIAL, CREMATION, REMOVAL

Burial

II: ADDRESS

DEGREE

731. NAME OF CEMETERY OR CREMATORY

Arlington National

Arlington, Virginia

DHMH-16 30M 2/80 (VRA 15. 4)

Pu

0

90

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ORTANT

24 FUNERAL DIRECTOR

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

AUG

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

- 13 22 2 2 3 2 1 2 4 3 2 M 1 2 5 7 9 V 2 2 2 4 5 Fire and State of the State of SHITE SHE YOUR ASSESSED AND SHEET THE THE RESERVE THE RESERVE TO THE PROPERTY OF THE hus 1 1996 felialistication (see

1-	FOR - STATE REGISTRAR	DEPARTM	LENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8	1 7	9	1 2
	CEASED NAME FIRST EOR PRINT) ALICE	WIDDLE	NoL	AN	2a DATE OF DEATH	7 - 6	YEAR - 84	15 HOUR 4 A
3. SE	Female	White	5. DATE OF	BIRTH YEAR 5	6. AGE (IN YEARS LAST BIRT	HDAY)	DES DAYS	# UNOTE 24 H
7a. Bi	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)  LIKELAND	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DO DIVORCED	PANNE AN	R COUNTY OF	DEATH C	0.
10. CI	ENBERNIE	NAME OF HOSPITAL, NURSING	MAN AN	OTHER INSTITUTION	12a USUAL OCCUPATH (TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE)	INITALIETDY	Home
139	at RESIDENCE (IF NURSING HOME OR OTH STATE ASD. COUNTY anyland time	rundel Pasadena	N	13d. INSIDE CITY LIMITS? YES NO XX	322 Hickor	ZIP CODE	Rd.	2112
14. FA	ATHER'S NAME FIR Richard MIDI	Power	1	15 MOTHER'S MAIDEN NAM	ME MIDDLE		Wo	olsh
	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W			Mr. George V	Nolan 322	dena, Md Hickory	y Poi	nt Rd.
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF	cordine	Houb,	35.	APPROX BETWEEN	MATE INTERVAL ONSET AND DEA!
7	couse (o), stating the underlying couse lost.    DUE TO, OR AS A   ONSEQUENCE OF							
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES [	G CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	EM ORTO	r	COUNTY	STATE
	22a.1 certify that (I) (this hospital) saw the deceased alive on	attended the deceosed from		that in (my) (our) opinion o	death occurred on his dis	19. te ond hour or	od Irom the	that (I) (

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. IMPORTANT: If Item BP.

letely filled in by the funeral director...

requires that the death certificate be executed within 24 hours ofter death. Pag

DHMH - 16 50M 4/83 (VRA 15, 4)

226. SIGNATURE

27d PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL CREMATION REMOVAL 236 DATE July 9, 1984 Cedan Hill Cenetery 24 FUNERAL DIRECTOM C Cully Funeral Home of Pasadena Mountain and Tick Neck Roads DRASS asadena, Md. 211220 Battinore 230. BURIAL, CREMATION REMOVAL (SPECIFY) Burial

DEGREE

22e. ADDRESS

ATTENDING PHYSICIAN

DIRECTOR PHYSICIAN

22c. DATE SIGNED

on that have been all the second of the seco Durch County : East for Vore weight : 6 85 Sugar . Credent outlyther 1 48 hill 2 7/6 3/9 A publication of the contract wild beauty to the contract of

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME LIYPE OR PRINT 1021 IF UNDER LYEAR 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH DAY Male White April 24, 1909 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Virginia WIDOWEDXX DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2n USUAL OCCUPATION 126 KIND OF BUSINESS OR D CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY Paint Store Stock Man USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13t. CITY OR TOWN 13d INSIDE CITY LIMITS? 213 Sunset Drive 21061 Anne Arundel Glen Burnie YES | NO X Maryland IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST LAST UnKnown UnKnown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATEST 223/03/6047 Helen M. Parris (Step Daughter) Same as #13 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Acute Renal Failure Conditions, if ony, which gove rise to immediate couse (o), stoting the consestive frant Failus underlying couse lost. SEOR CONDITION GIVEN IN PART 110 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? sho 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 214 INJURY OCCURRED THE PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 1 certify that (1) his haspital) attended the deceased from saw the december alive on \_\_\_\_\_\_\_\_ and that in my Dur) opinion death occurred on the date and hour and from the causes stated DEGREE

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

+ id be deto the Stote [

MPORTANT:

23a BURIAL, CREMATION, REMOVAL

Burial

EDWARD N. SHERMAN

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

22e. ADDRESS

23d LOCATION Brooklyn

T DIRECTOR PHYSICIAN

A.A.

BALTIMORE-ANNAPOLIS BLVD

Glen Burnie, Maryland

ATTENDING

1984 Julia Davidson

and the same stands Poule Toward Frederica Acces conservation of the Terstar Alexander Sieres Cens Directes THE PROPERTY OF THE

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours other death. Foge 4 may be		TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct 💮 📪	should be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 hours.	moval.	ADDITION OF THE PARTY OF THE PA
OTD Cert		ending	carbo	with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	andone a
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CAN.	g phys	entifical	ial-tran	ntal Hy	01
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202.	0 0	R. Afte	use as	dealth o	in man
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II AL C	etained by the hospital or attending physician.	RAL D	e detacl	State Di	4 At TIM
2001	David	J FUNE	ould be	th the	ATOCO
)	m)	$\simeq$	-5	3	1

FOR - STAT REGI DECEASE TYPE OF PRIN

Fem 7a BIRTHPL COUNTRY

IO CITY OR

USUAL RES Md. 4. FATHER Ja 160 WAS DI (YES, NO

CERTIFICATION

MEDICAL

MPORTANT: If Hem 21 is

DHMH - 16 50M 4/B3

(VRA 15, 4)

3. SEX

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	7914 EDT
DECEASED NAME FIRST  YPE OR PRINT)  OLGA	WIDDLE	O.TA		4, 1984 205 AM
Female	White	5. DATE OF BIRTH MONTH DAY YEAR Dec 6 1897	6 AGE (IN YEARS LAST BIRTHDAY) 86 YR	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Estonia  CITY OR TOWN OF DEATH	USA  11. NAME OF HOSPITAL, NURS! (IF NOT IN SUCH FACILITY, GIVE STREE	MARRIED   NEVER MARRIED   WIDOWE   MARRIED   DIVORCED   MG HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY APLINED  120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING)	COUNTY MD  12b KIND OF BUSINESS OR INDUSTRY
Md. A.  FATHER'S NAME FIRST  Jaan	A. Odenton  MIDDLE LAST  Ers	WN 13d INSIDE CITY LIMITS? YES NO M  15 MOTHER'S MAIDEN NA FIRST	Housewife  13e.STREET ADDRESS / ZIP CO 380 Baltimore  ME  MIDDRESS	
No	GIVE WAR OR DATES) 215-30-	6677D Mrs Irene Le		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	only one couse per line for (b), (b), o ISED BY: IATE CAUSE (b) DUE TO, OR AS A CONSEQUATION OF AS A CONSEQUATION	Al Mysaud	Heary Dise	Super Glan
PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED  216 HOW INJURY OCCUR	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED  WHILE NOT WHILE	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE

190 D 21a A ORCC (IF E 21d I AT WORK

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 122 DATE CICNED DEGREE

226 SIGNATURE 22d PHYSICIAN'S NAME (TYPE WIRINT

MEDICAL ATTENDING STAFF PHYSICIAN 22e ADDRESS

THE DATE SIGNED	1
7-140	7
/	

STATE

230 BURIAL, CREMATION, REMOVAL TIL DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

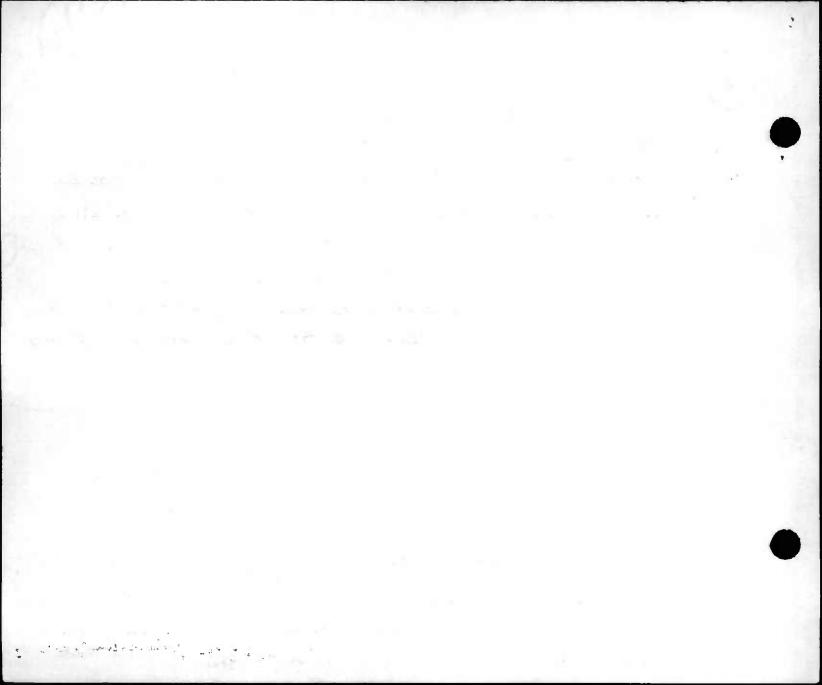
(SPECIFY) Buria] 24 FUNERAL DIRECTOR

Epiphany Episcopal pal Odenton A.A. Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

T.A. Hardesty

Annapolis Maryland 2140

Offin Davidson Bandall



d in by the funeral director be filed within 72 hours of

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physician on popers.

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permit.

certificate hos been valene prior

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> the Store

MPOSTANT

CERTIFICATION

MEDICAL

and 2 should

STATE OF MARYLAND

EDT

2:15 PM

STATE

STATE

IMENI UF REALIN AND MENTAL RIGIE	ME C				
CERTIFICATE OF DEATH	REG. 1	NO.			E
LAST	a DATE OF DEATH	MONTH	DAY	YEAR	7b HOUR

FOR - STATE REGISTRAR		ľ	DEPARTM	CERTIFICATE C			EG. NO.
DECEASED NAME  YPE OR PRINT)	FIRST ERNES'	r L.	09	SBORNE		20. DATE OF DEA	TH MONTH (
				5. DATE OF BIRTH		6. AGE IIN YEARS L	
SEX		4. RACE	1			O. AGE TINTEARS	ASI BIKINDATI
Male		Black		3-13-1	YEAR YEAR	70	YRS.
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY?			9 BALTIMORE C	ITY OR COUNTY
MD.		USA		WIDOWED #	DIVORCED	ANNE	ARUNDEL
CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL			INSTITUTION	12a USUAL OCC	
GLEN BIIRI	NTE	NORTH A		EL HOSPITA	AL	TYPE OF WORK FOR	MOST OF WORKING LIFE

IF UNDER TYEAR IF UNDER 24 HRS OF DEATH COUNTY MD 12b. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 447 Harlem Ave. 13a. STATE 1136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD. Pasadena Pasadena YES NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAS1 MIDDLE LAST FIRST FIRST George Osborne Mary Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Harlem Ave. I YES. NO OR UNKNOWN] Pasadena APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and ici PART I. DEATH WAS CAUSED BY arcinome, IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	706 IF YE'S, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	YES NO NO D CENTER NATURE OF INJURY		
214 INJURY OCCURRED	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE FARM, ETC.]	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STAT

AT WORK AT WORK 27a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death → ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated. 22b. SIGNATURE 220 DATE SIGNED

STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN BALTIMORE-ANNAPOLIS 774 PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS

DALJIT S. SAWHNEY, M.D.

BLVD. 21061 GLEN BURNIE, MARYLAND

BURIAL, CREMATION, REMOVAL	23b DATE	236 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
(SPECIFY)			CITY OR TOWN	0
Burial	7-16-84	Mt. Zion Cem.	Magothy	AA

(VRA 15, 4)

24 FUNERAL DIRECTOR

Rice FSPA

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE we a thing to your interviewed

DHMH - 16 50M 4/83

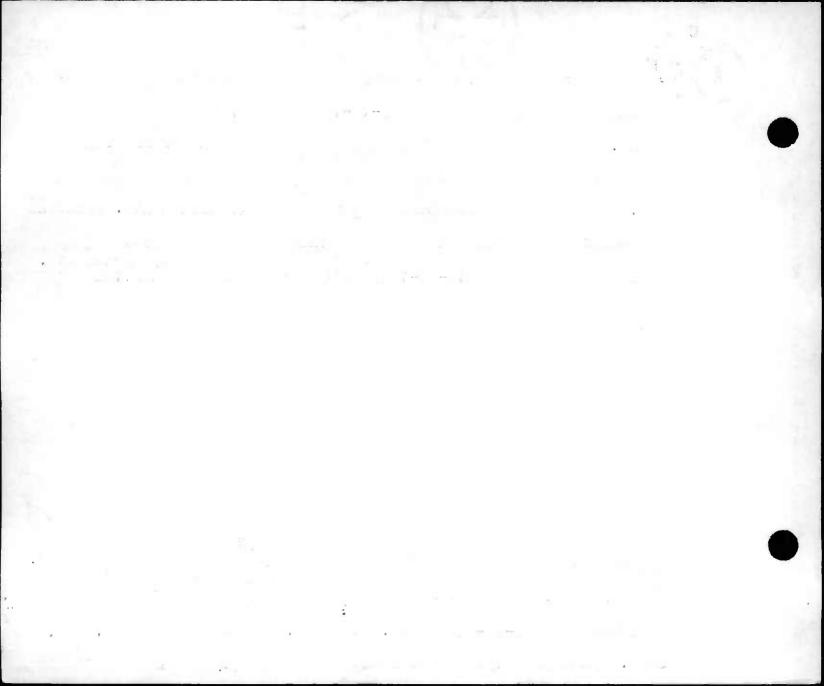
CHUNERAL DIRECTOR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction page 3 should be detached for use as the burial-transit permit. Then please remove carbomoopers. Pages 1 and 2 should be filed within 72 hours at with the State Dept. of Health and Mental-Hygiene prior to burial, cremation, ar removal.  IMPORTANT: If Item 21 is marked or item 18 shows any injury, or other traumotic event, the medical examiner must be marked or dang.			
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page founded by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directional be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled within 72 hours with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.  APORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical evaluate must be matified at directional directions.	4 may be	ur poge 3	A
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificated by the hospital or attending physician.  O FUNERAL DIRECTOR, After this certificate has been signed by the attending proud be detached for use as the burial-transit permit. Then please remove carbon, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remained to the plant of the plant	icate be executed within 24 hours after death. Page 4	hysician and completely filled in by the funeral directure popers. Pages 1 and 2 should be filled within 72 hour apovol.	ent, the medical examiner must be matified at dang.
O HOSPITAL OR ATTEN found by the hospital OF EUNERAL DIRECTOR hould be detoched for until the Stote Dept. of His happer APORTANT: If Item 21 is	DING PHYSICIAN: The low requires that the death ceriffical at attending physician.	. After this certificate hos been signed by the attending pt seas the burial-transit permit. Then please remove carbona belts and Mental Haciene ariar to burial, cremotion, or remo	marked or item 18 shows any injury, or other traumatic eve
y a F 2 3 3 3	O HOSPITAL OR ATTEN	Should be detoched for us	MPORTANT: If Item 21 is

STATE OF MARYLAND FOR
STATE
REGISTRAR **CERTIFICATE OF DEATH** 

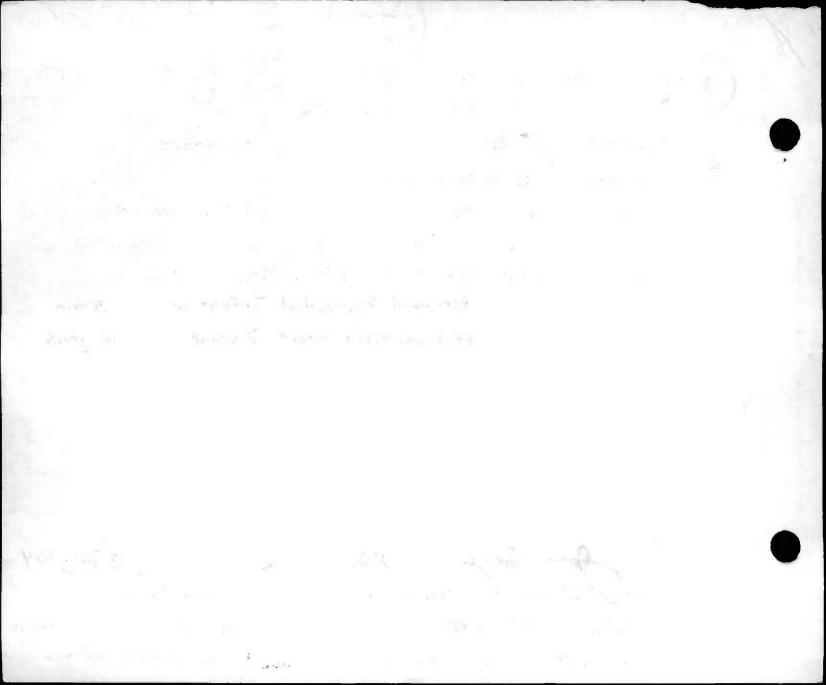
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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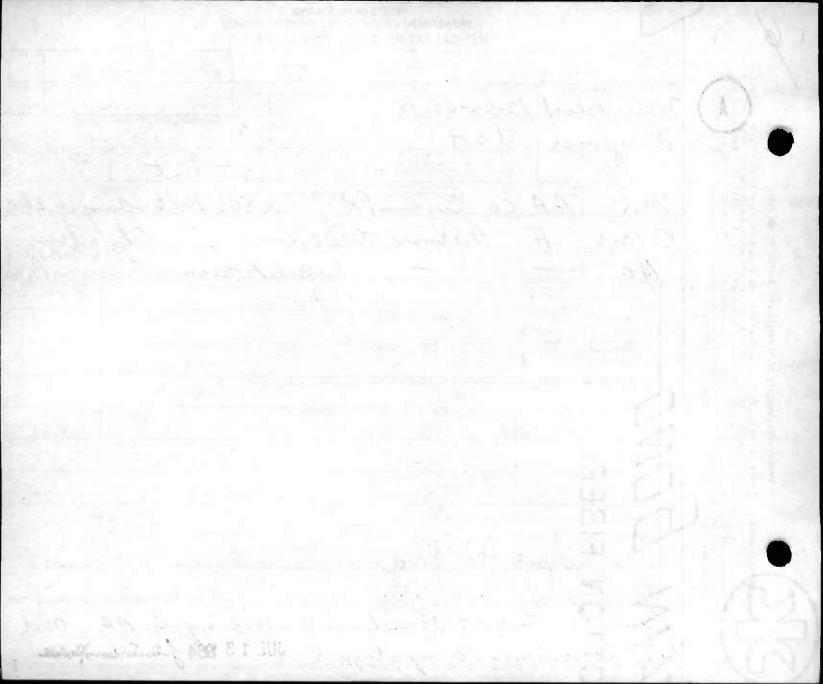
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_					REG. NO.		
	CEASED NAME FIRST CORPRINT! Albert	MIDDLE W.	Pai	A51	July 1,1984	DAY YEAR	76 HOUR 10:25p
3. SE		W •	Is. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	M
3. 30	Male	Caucasian	Sept	DAY YEAR	06	MONTHS DAYS	HOURS MIN.
7a; B	IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	R		9 BALTIMORE CITY OR COU	INTY OF DEATH	
0	California	USA	MARRIE	DIVORCED DIVORCED	Anne Arundel		MD
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		OF BUSINESS OR
(	Glen Burnie	112 S. Meadow [			US Army	Ret.	
USU		ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE	21/26/
_	Md. A	AA Glen Bur		YES NO 🛛	112 S. Meado	w Drive	1001
14. F.	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE	1.7	AST
	John	O. Paine		Anna		Crot	ts
	YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166. SOCIAL SECU		17 INFORMANT	ADDRESS	0	
	Yes WW I	, WWII   578-40-9		Lilly S. Pa	ine, Same as 1		VIII AVE INTERVAL
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and BY: TE CAUSE (a)	Α	Necessalial	Infartion		Min
	IMMEDIA	TE CAUSE (a)	nta	Nyocardial	Litaleiton	3	min
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	SUP!	atic Heart	Disease	10	1POCS
	gave rise to immediate cause (a), stating the	)		110	7 (7147)		31312
	underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART I	la
ĕ							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		F YES, WERE FIND ERTIFYING CAUSE	
E	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		121. HOW INTURY OCCUR	YES NO	YES	NO []
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	THE HOW INJUNT OCCUR	KED (ENTER NATURE OF INJURY IN HEA	M 18 PART   ORPART 2)	
MEDICAL	THE EITHER, NOTIFY MEDICAL EXAMINE  71d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
AE .	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
		ital) attended the deceased from		, 19	, to	19	, that (I) (we) fast
l	saw the deceased alive an	19	, or	nd that in (my) (aur) apinian	death occurred on the date and		
1	226. SIGNATURE	The body differ dealth.		DEGREE			ESIGNED
	the	ges	n	D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3)	aly 1984
1	THE PHYSICIAN'S NAME (THE	1 / //		22e ADDRESS	o 11 11 - E1	Morale	Mal
	Joseph Zeligs				Gen'L Hosp.,Ft	. Meade,	Ma.
230.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
24.5	UNERAL DIRECTOR	July 5, 1984 /	Ar'i ing	ton National	Arlington E REC'D. BY REGISTRAR 25 RE	GISTRAR'S SIGNA	<u>Virgini</u> a
(1)	NAME	ADDRESS	MD	111	1 7 1004	GISTRAR S SIGNA	Banda BE
	Jailles 5. Kirk	<u>cley, Glen Burnie</u>	עויו פ	الله از	0 804 7	The second second	1

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND



Vashington, D.C.  Vashington, D.C.  III CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OF 13d STATE Maryland  Arnde	STEVEN IS Black  CITIZEN OF WHAT COUNTRY?  USA  NAME OF HOSPITAL, NURSII (IE NOT IN SUCH FACILITY, GIVE STREEL NORTH ARUNDEL)  HER INSTITUTION, GIVE RESIDENCE BEFOR IN COUNTRY ARUNDEL NORTH ARUNDEL	PATTON  5. DATE OF MONTH  March  8. MARRIED  WIDO WED  NG HOME OR  T ADDRESS)  HOSPIT  RE ADMISSION)	BIRTH  24,1951  NEVER MARRIED  DIVORCED  OTHER INSTITUTION	REG. NO.  20. DATE OF DEATH MONTH  JULY 27  6. AGE (IN YEARS LAST BIRTHDAY)  33 YRS  9. BALTIMORE CITY OR COUN  ANNE ARUNDE  120. USUAL OCCUPATION (TYPE OF WORK FOR MQST OF WORK ING Pharmacist  13e STREET ADDRESS / ZIP CO	L COUNTY M 175. KIND OF BUSINESS OF INDUSTRY Store  Drug Store
MICHAEL  3. SEX Male  7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Washington, D.C.  10. CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OT 13a STATE NATURE)  WARTYLAND  WATTURE  USUAL RESIDENCE (IF NURSING HOME OR OT 13a STATE NATURE)	STEVEN  RACE  Black  CITIZEN OF WHAT COUNTRY?  USA  NAME OF HOSPITAL, NURSII  (IF NOT IN SUCH FACILITY, GIVE STREEL  NORTH ARUNDEL  MER INSTITUTION, GIVE RESIDENCE BEFOR  I Cty Harrover  DULE  Patton  I AST	DATION  5. DATE OF MONIH MARCH  P 8 MARRIED WIDO WED NG HOME OR T ADDRESS)  FOSPIT RE ADMISSION)	BIRTH  24,1951  NEVER MARRIED  DIVORCED  OTHER INSTITUTION  AL	20. DATE OF DEATH MONTH  JULY 27  6. AGE (IN YEARS LAST BIRTHDAY)  33 YRS  9. BALTIMORE CITY OR COUN  ANNE ARUNDE  120. USUAL OCCUPATION (TYPE OF WORK FOR MGST OF WORK FING Pharmacist  13e STREET ADDRESS / ZIP CO	1984 255 PM FUNDER 1 YEAR FUNDER 24 HBS MONTHS DAYS HOURS MIN.  TY OF DEATH  L COUNTY M 17b. KIND OF BUSINESS OF INDUSTRY Drug Store
MICHAEL  3. SEX Male  7a. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  Vashington, D.C.  10. CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (15 NURSING HOME OR OT 13 ALTE MARY) and PARTICLE.	RACE Black  CITIZEN OF WHAT COUNTRY?  USA  NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET  NORTH ARUNDEL) HER INSTITUTION, GIVE RESIDENCE BEFOR  L Cty Hanover  Due  Patton  L Cty  Patton  L Cty  Patton	S. DATE OF MONTH March  8 MARRIED WIDO WED NG HOME OR T ADDRESS)  HOSPIT RE ADMISSION)	24,1951  Never married Downered Downered Downered Downer Institution  AL	6. AGE (IN YEARS LAST BIRTHDAY)  33 YRS  9. BALTIMORE CITY OR COUN  ANNE ARUNDE  120. USUAL OCCUPATION (TYPE OF WORK FOR MGST OF WORKING Pharmacist  13e STREET ADDRESS / ZIP CO	F UNDER 1 YEAR F UNDER 24 HBS MONIHS DAYS HOURS MIN.  TY OF DEATH  L COUNTY M  12b. KIND OF BUSINESS OF INDUSTRY Store  Drug Store
Vashington, D.C.  Vashington, D.C.  III CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OF 13d STATE Maryland  Arnde	CITIZEN OF WHAT COUNTRY?  USA  NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET  NORTH ARUNDEL, HER INSTITUTION, GIVE RESIDENCE BEFORE  L Cty Hallovery  Dule Patton IAST	MONTH MARCH P 8 MARRIED WIDOWED NG HOME OR T ADDRESS! HOSPIT RE ADMISSION)	24,1951  Never married Downered Downered Downered Downer Institution  AL	9. BALTIMORE CITY OR COUN  ANNE ARUNDE  120. USUAL OCCUPATION (TYPE OF WORK FOR MGST OF WORKING Pharmacist  13e STREET ADDRESS / ZIP CO	TY OF DEATH  L COUNTY M  128 KIND OF BUSINESS OF BUSINESS OF Drug Store
Vashington, D.C.  10 CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OT 13 ATE  Maryland Arnde	USA  NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GVE STREE  NORTH ARUNDEL  MER INSTITUTION, GIVE RESIDENCE BEFOR  Cty Hanover  Dele Patton  Last	March  RAMARRIED WIDOWED WIDOWED TADDRESS  HOSPIT HOSPIT WN	24,1951  Never married Downward Downwar	9. BALTIMORE CITY OR COUN  ANNE ARUNDE  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FING Pharmacist  13e STREET ADDRESS / ZIP CO	TY OF DEATH  L. COUNTY M 17b. KIND OF BUSINESS OF INDUSTRY Store  Drug Store
Vashington, D.C.  10 CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OT 13 ATE  Maryland Arnde	USA  NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GVE STREE  NORTH ARUNDEL  MER INSTITUTION, GIVE RESIDENCE BEFOR  Cty Hanover  Dele Patton  Last	MARRIED WIDOWED NG HOME OR T ADDRESS) HOSPIT RE ADMISSION) WN	DNORCED DOTHER INSTITUTION  AL  134 INSIDE CITY LIMITS?	ANNE ARUNDE  12a USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING  Pharmacist  13e STREET ADDRESS / ZIP CO	L COUNTY M 175. KIND OF BUSINESS OF INDUSTRY Store  Drug Store
Vashington, D.C.  III CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OF OF OT	NAME OF HOSPITAL, NURS II  (IF NOT IN SUCH FACILITY, GIVE STREE)  NORTH ARUNDEL,  HER INSTITUTION, GIVE RESIDENCE BEFOR  Cty Hanover  Date Patton	WIDOWED NG HOME OR T ADDRESS) HOSPIT RE ADMISSION) NN	DNORCED DOTHER INSTITUTION  AL  134 INSIDE CITY LIMITS?	120 USUAL OCCUPATION (1 YEE OF WORK FOR MGST OF WORKING Pharmacist  13e STREET ADDRESS / ZIP CO	12b. KIND OF BUSINESS OF INDUSTRY Store
GLEN BURNIE  USUAL RESIDENCE (HE NURSING HOME OR OT	NORTH ARUNDEL HER INSTITUTION, GIVE RESIDENCE BEFOR  Cty Hanover  Patton  I AST	T ADDRESS) HOSPIT RE ADMISSION) NN	AL	Pharmacist  13e STREET ADDRESS / ZIP CO	Drug Store
Maryland Arnde	1 Cty Hanover  Patton Ass	WN I		13e STREET ADDRESS / ZIP CO	ne 2102/
A IN FATHERICALIANE		1		1905 Mt. Hope	Court
Hilton J		923	is. MOTHER'S MAIDEN NAM		lerson LAST
160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE V			Terry Patton	: 1905 Mt. Hope	Court
Conditions, if any, which gove rise to immediate cause (a1, stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO  PART 2 OTHER SIGNIFICANT CO  210, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	DEATH BUT N	person	200 AUTOPSY? 206. IF Y	SIVEN IN PART Ita  YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{YES} \) NO \( \text{T} \)
	21b. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  216 INJURY OF CURRED  WHILE AT WORK ALWORK ALWORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.) certify that (1) (this haspital saw the deceased alive on above, (1) (well-did) (did not		721 87 , ond	that in (my) (on) opinion of	death occurred on the date and h	that (I) (we) larger and from the causes stated
276 SIGNATURE	, Kewander	DI	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	27 DATE SIGNED
224. PHYSICIAN'S NAME (TYPE OR P	ODNITCV 34 D		22e. ADDRESS 742	2 BALTIMORE-ANN	APOLIS BOULEVAN
230. BURIAL, CRÉMATION, REMOVAL (SPECBURIAL)	8-1-84 Was	shingto	METERY OR CREMATORY On National C	23d LOCATION	COUNTY STATE
74 FUNERAL DIRECTOR Marshal 4217 9th St. NW	l's Funeral Ho	me		E REC'D. BY REGISTRAR 256 REG	

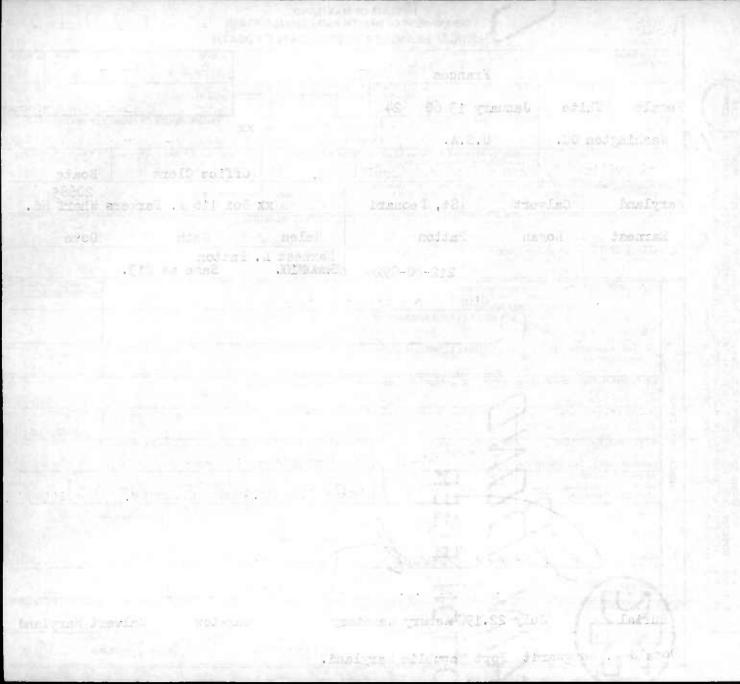
DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR:

injury, or ather traumatic event, th

should be detached far use as the burial-Iransit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any



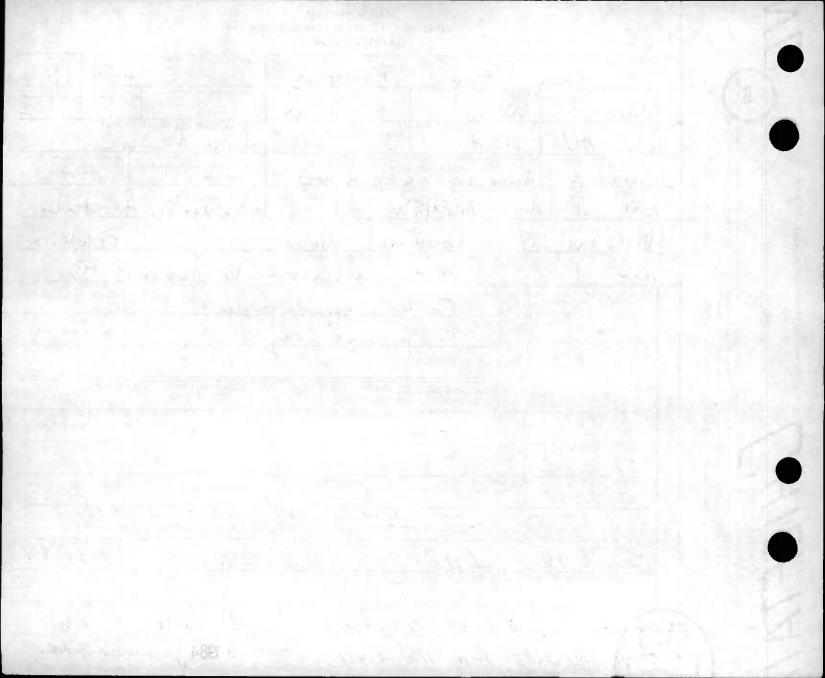
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	₹	ž	=	2	E
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	dical examiner: This certificate should be executed within 24 hours after death. If any delay is ne	TE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUI	SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN TAGE 5.1	NERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FIED IN	DESTRUCTION OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DISTRICT OF STATEMENT OF
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1-	FOR STATE REGISTRAR				NT OF HEAL	MARYLAND TH AND MENTAL I CERTIFICATE (	0	н ,	REG. NO.	1	7	2 0		
	CEASED NAMI PE OR PRINT)	MYRA		MIDDLE L.	P	EARMON		DATE KNO OF ES DEATH MA	-	7	28 <sub>19</sub> 8	YEAR 25. HOUR		
	MALE	BLACK	5. DATE OF BIRTH	YEAR 6	39 yrs.	UNDER 1 YR. IF UNDER	MIN. PR	ONOUNCED DEAD		7		YEAR 2d. HOU! 11:0		
M	RTHPLACE (S) REIGH COUNTY		U.S.A	U.S.A.    MARRIED   NEVER MARRIED   SALTIMORE CITY OF C							County			
Ar	napoli:	S	Anne A	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Anne Arundel Gen. Hosp. (DOA)								OF BUSINESS IDUSTRY		
	RYLAND			THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. INSIDE (ITY LIMITS?   13e, STREET ADDRESS   YES   NO   151 Brownswood							Rd.	2140		
	ATHER'S NAME FIRST MILTO	N	WIDDIE	HUDS	ON	15 MOTHER'S MAID MARY		MIDDLE			SCOE LAST			
160 \	VAS DECEASE ES, NO. OR UNKNO NO	D EVER IN U.S. AR,	MED FORCES? WAR OR DATES)	RCES? ATES) 166. SOCIAL SECURITY NO. 17. INFORMANT Annapolis, ADRES. PHILLIP PEARMON 151 Brown										
NO	gave rii cause (a) lying cau		(b)	AS A CONSEC		EASE OR CONDITION GIVEN IN P.	ART 1 (a)							
CERTIFICATION	19a. DATE OF	POPERATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							Inc. aux	OPSY?		
-														
MEDICAL CER	UNDERLYING CONTRIBUTION 21d INJURY C	AL CAUSE WAS  G	DEATH 10:40M	MONTH DA	AY YEAR - 1984 S	HOW INJURY OCCURR SUBject exit LOCATION STREET 648 near	ed mov	ing va	an.	col	YES	NO .		
	UNDERLYING CONTRIBUTION 21d INJURY CO WHILE AT WORK	G OR ING CAUSE OF I OCCURRED NOT WHILE AT WORK	DEATH 10:40M	MONTH DA 7-28- DE INJURY (A FORY, FARM, ETC.)	1984 S	ubject exit	Rt. 17	ing va	an. apolis	col	YES  WINTY  NNE AI  Dinion	No □		
MEDICAL	UNDERLYING CONTRIBUTIO 71d INJURY C WHILE AT WORK  270. I certi death result ACTUAL EXAMINER'S (TYPE OR PRII	G OR	DEATH 10:40M The Place Street, Fac To ge of the remains deserted in the second in the	MONTH DA 7-28 7-28 DF INJURY (A ORY, FARM, ETC.) Dad cribed obove, Accident XX	AY YEAR  1984 S  THOME, 211  Rt  held an Aut  Suicide	COLOTION STREET  648 near  COLOTION STREET  648 near  COLOTION STREET  648 near  COLOTION Inspection  TITLE (SPECIFY) ASSISTAN  ADDRESS 111	Rt. 17 Rt. 17 Rt. 17 Rt. 17 Redecin	ring various 79, Anna Inquiry Inquiry Inquiry Inquiry Inquiry Inquired Manner St., Ba	an.  apolis	S, Ar	YES YES	NO □  rundel  Md.		
230.BB	UNDERLYING CONTRIBUTIO 71d INJURY C WHILE AT WORK  720. I certs death results ACTUAL SIGNATURE EXAMINER'S [TYPE OR PRII UNIAL, CREMA JETAL UNERAL DIREC	OCCURRED  NOT WHILE AT WORK  If that I took charge the fram: Notus  NAME NT AT  NAME NT AT	DEATH 10:40M The Place Street, Fac To ge of the remains deserted in the second in the	MONTH DA 7-28 7-28 DF INJURY (A ORY, FARM, ETC.) Dad  cribed obove, Accident 22 Dn, M.D  23c. NAM ASBU 21401	NE OF CEMETERY RYBROADN	Cocation Sireet 648 near 648 near Manager Mana	Rt. 17  Rt. 17  Undetern  Lt MEDICA  Penn S  134 LOCA  1736 LOCA  1737 LOCA	ring va 79, Anna Inquiry Inuned manner AL EXAMINER St., Ba ATION 100W	an. apolis	DATE SIGNE	YES YES	rundel Md		

TUNE TO THE S. S. Singlemen P. L. Jon noute life , it for each

# DIVISIO

	1	FOR		DEPART	MENT OF HEALTH A	ND MENTAL HY	GIENE O			01.540
	1 -	STATE REGISTRAR		DEI AKT.	CERTIFICATE			NO.		
1		CEASED NAME PIRST		ODLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	15 HOUR
Sec.		Bar		YOY	YELS	KINS	1.05	5- 6	14-84 IF UNDER 1 YEAR	10
	3. SEX	MALE	4 RACE	1	S. DATE OF BIRTH	4- 84	6 AGE (IN YEARS LAS		MONTHS DAYS	HOURS
no		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	0	VER MARRIED	BALTIMORE CIT		OF DEATH	
500L		USA md.	V-5.1		WIDOWED	DIVORCED [	ANNE	ARUN		
57	Λ	TY OR TOWN OF DEATH	A (IF NOT IN SUCH	FACILITY, GIVE STREET	- /	Man	120. USUAL OCCUP	ATION STOF WORKING LIF		F BUSINESS
37	USU A 130. S	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION O		E ADMISSION)	DE CHANTINGS	13. SIREET ADDRES	/ /	1 214	100
30	130. 5	Why I show	A	ANNADA	VES [	DE CITY LIMITS?	10 EDELMA	VDr.	Anna	poly
12	4 FA	THER'S NAME	MIDDLE	DE LAST	15. MO1	HER'S MAIDEN N.	AME	E	PER	KINS
0 1		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO. 17 INFO	DRMANT	AP	DRESS		>
e medico	{4	N-A	GIVE WAR OR DATES	N-H	10	EDELMA	HR Ur. A	NNAPÓ	us M	(1)
t, t		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per l	ine for (a), (b), ar	dichi Da	-1	_ 0- ,		BETWEEN	ONSET AND DI
ic eve		IMMED	IATE CAUSE (o)	Care	110 - 150	muly.	Carrie			11
tomo!		Conditions, if ony, which	DUE TO, OR	AS A CONSEQU		4 1				hore
0					Dyema	ruviti	1			
her tr		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQU	PREMATE OF	ruviti	/	7		
, or other tr		gave rise to immediate cause (a), stating the underlying cause last.	(c)		ENCE OF		MINAL DISEASE OF C	ONDITION GA	VEN IN PART 1	
injury, or other tr	NOI	gave rise to immediate cause (a), stating the	(c)		ENCE OF		MINAL DISEASE OR C	ONDITION GIV	VEN IN PART 1	0
s any injury, or ather tr	ICATION	gave rise to immediate cause (a), stating the underlying cause last.	T CONDITIONS CO	ntributing to	ENCE OF	ATED TO THE TER	200 AUTOPSY?	20b. IF YES	VEN IN PART 11	NGS USED
shaws any injury, or other tr	RTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	(c)	NTRIBUTING TO	DEATH BUT NOT REI	ATED TO THE TER	200 AUTOPSY?	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED
n 18 shaws any injury, or ather tr	AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(c)	NTRIBUTING TO	DEATH BUT NOT REI H OPERATION WAS F	ATED TO THE TER	200 AUTOPSY?	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH
shaws any injury, or		gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  198 CONDITIONS CO  198 CONDITIONS CO  218 PLACE CO	NTRIBUTING TO	DEATH BUT NOT REI	ATED TO THE TER ERFORMED  OW INJURY OCCU	200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY YE	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH NO
tem 18 shaws ony injury, or	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  198 CONDITIONS CO  198 CONDITIONS CO  218 PLACE CO	NTRIBUTING TO	DEATH BUT NOT REI	ATED TO THE TER ERFORMED  OW INJURY OCCU  CATION STREET	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDI FYING CAUSES ES D PART I OR PART 2)	NGS USED S OF DEATH NO
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MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, or	MEDICAL	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d. NJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM)  220.1 certify that (1) (this had sow the deceased alive above, (1) (we) (did) (did)  22b. SIGNIATURE  THE COURT OF	IPB CONDITIONS CO  IPB CONDITION	TION FOR WHICH FINJURY A. MONTH D A.  JE INJURY GET, FACTORY, OFFICE  deceosed from Sifter depth.	DEATH BUT NOT REI H OPERATION WAS F  AY YEAR 19 211 LO FARM, ETC)  DEGREE	ERFORMED  OW INJURY OCCU  CATION STREET  (my) (our) opinion  ATTENDING PHYSICIAN  DRESS	200 AUTOPSY? YES NOTE RRED (ENTER NATURE OF  CITY OF  MEDICAL DIRECTOR PH	70b. IF YE. IN CERTIII YE RTOWN  e date and have	S, WERE FINDI FYING CAUSES ES D PART I OR PART 2) COUNTY	NGS USED S OF DEATH NO



	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAN LEALTH AND ME ICATE OF DEA	NTAL HYG	eiene ö	REG. NO.	Î	1 9	2 4	
		CEASED NAME OR PRINT) TH	THOMAS R			ld	HIPPS		20. DATE OF	0'	7 b	84	713	
	3 SE	M		W OMONTH			of BIRTH	20	6	EARS LAST BIRTHD	YRS.		HOURS MIN.	
15	· ·	RTHPLACE (STATE C		USA	USA WIDOWED DIVORCED				9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH AACO					
53	An	ty or town of D napolis		AA Ger	ch facility, give the learn H	ospital	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY COntractor Construction							
30	13a. 5	AL RESIDENCE I F NU	AACC	47Y	Lothi	TOWN	YES 🗌 N	5 13 1 11 11 30 10						
190	Th	omas Augu		Phipps	1,45		Mary Mary	Cather		Oneil		3,45		
/ medico	THE WAS DECEASED EVER IN U.S. ARMED INTELLIGING WAS DECEASED EVER IN U.S. ARMED INTELLIGING WAS USED TO SHE WA				166 SOCIAL	SECURITY NO.	Doris P		ops/	# 13			MATE PUTERVAL DAGET AND SEATH	
ory, or other traumoric eve	z	Conditions, if or gove rise to it couse (o), star underlying coo PART 2 OTHER SIG	ry, which nmediate ting the se last	DUE 10, 0	DA CONS	EQUENCY OF NOW	NOT RELATED TO	lone LENGTHE TERM	LINAL DISEASE	E OR CONDIT	TION GIVEN	IN PART 116	2	
us out in	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	MED	20a AUTC		206. IF YES, W IN CERTIFYIN YES [	G CAUSES		
orked or Item 18 sho	MEDICAL CERT	21a ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER NOTIFY ME 21d IN JURY OCCU WHILE NOTIFY ME AT WORK AT WAT	CAUSE OF DE	HOUR A P 21e PLACE	.M. MONTH .M. OF INJURY	DAY YEAR 19	21c HOW INJU						şzati	
If Item 21 is m		22a I certify that	(I) (this hospi	I view the being	ieles	19 64,0	DEGREE ATT	ENDING	death occurry	STAFF	otto an		7 4	
IMPORTANT	23a. 8	SURIAL CREMATION	N, REMOVAL	ZIN DATE	we	23¢ NAME OF C	EMETERY OR CRI	10/	23d LOCA	ATION OR TOWN	11	3-14 OUNTY	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

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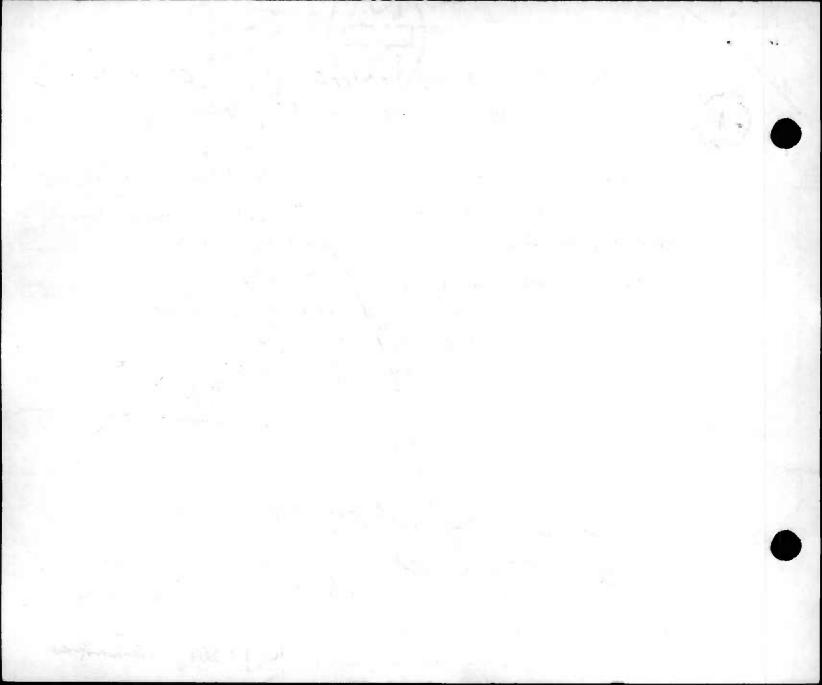
Entombment
24 FUNERAL DIRECTOR Hardesty FH, 12 Ridgely Ave, Annapolis, Md. 21401

Hillcrest

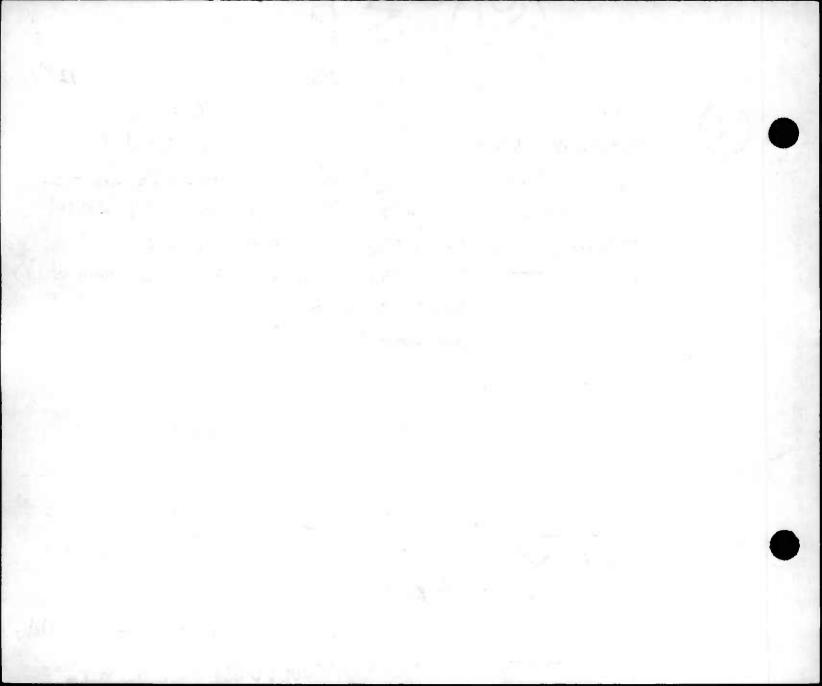
Annapolis AACO Md

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

JUL 1 1984 Julia Saurdon Annae



H		1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAI MENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYGIEN	IE 8 4	NO.	7 9	2 3
noy be poge 3			CEASED NAME FIRST HOZE	MIDDLE	PODE	20	a. DATE OF DEATH	MONTH D	1 84	26. HOUR
4		3 SEX	female	1 RACE White	S. DATE OF BIRTH	YEAR) 6.	AGE (IN YEARS LAST	G	F UNDER I YEAR	IF UNDER 24 MRS HOURS MIN.
real direct	1)	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER M	ARRIED 7	BALTIMORE CITY	9 110	OF DEATH	MD.
s ofter de by the f	Outlied	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH ACILITY GIVE STREE	NG HOME OR OTHER INSTI	TUTION 12	a USUAL OCCUP.			F BUSINESS OR
requires that the death certificate be executed within 24 hours offer death en signed by the attending physicion and completely filled in by the 1. Then please remove corbangapers. Pages 1 and 2 should be filed within the please remove corbangapers.	d Common Day	USU/ 13a. S	LE RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		VN 1 134 INSIDE CIT	TY LIMITS? 13	STREET ADDRES	S / ZIP CODE	7 20	714
completely is 1 and 2 sho	120	14. FA	THER'S NAME FIRST HARRU	HAR DIA		MAIDEN NAME	V K NOOLE	10 N	(AST	
e execute	medicol			MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 319-86	URITY NO. 17. INFORMAN	liAm	A.	POPE.	Sam	E AS (13)
certificate by ng physiciar bonpapers.	event, the		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		nd (c.)	~		1010	APPROXIV BETWEEN C	MATE INTERVAL DNSET AND DEATH
eoth cert tending	notion, or re- troumotic e		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF J					
hot the d by the of	crem		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF					
equires the	ro bu	N O	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	TO THE TERMINA	AL DISEASE OR CO	ONDITION GIVE	N IN PART Ito	,
low is be	ws ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	
IG PHYSICIAN The ottending physicion ter this certificate has the burial-transit p	I B	P .	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	AY YEAR	URY OCCURRED	(ENTER NATURE OF	NJURY IN ITEM 18 PA	RT ( OR PART 2)	
DING PHYS or ottendin After this c	ono	MEDICAL	ZIG INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE	FARM ETC.)  211 LOCATION STREET	N	CITY OF	RIOWN	COUNTY	STATE
TTEND pitol o	of He 21 is			7/9/87  19	, ond that in (my) (	, 19 opinion deo	th occurred on the			that (It ( <del>we</del> ) last couses stated
	T. If Item		276 SIGNATURE	Duin /			MEDICAL S DIRECTOR PHY	TAFF SICIAN []	224. DATE	SIGNED
SPI ed b	MATH THE STORE		22d PHYSICIAN'S NAME (TYPEO	KINS / Put	CULE 22e ADDRESS					
ρ € ρ € ΒP	3 3	0	URIAL, CREMATION, REMOVAL	23b. DATE 7/12/84 W	NAME OF CEMETERY OR CI	Balt.	23d LOCATION CITY OF TOWN		COUNTY ALL.	Md
DHMH - 16 50/ (VRA 15,		24 FU	NAME YOUR ROLL	- Owns	is md.	25a. DATE R	EC'D. BY REGISTR	AR 25b. REGISTE		JRE
			U and		1		Ju	ha Davido	m-Hande	100



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE		DEPARTA		EALTH AND M		IENE 🞖 🕹		1	17	TIDE
1.05	REGISTRAR CEASED NAME FIRST		MIDOLE		AST AST		20. DATE OF D	REG. NO	C.C.	OAY YEAR	Zb. HOUR
	OR PRINT		MIDDLE		n31			EAIN	1.0		
	JULIUS		J		AITIS		JULY		18	1984	230 AW
3. SE	X 2 algorim + stor	4 RACE		5. DATE C		YEAR	6. AGE (IN YEA	RS LAST BIR	[HDAY]	MONTHS DAYS	IF UNDER 24 HRS
	MALE	WHI	(TE	02	12	16		58	YRS.		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED D NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH				
N	MARYLAND	U.S	S.A	WIDOWE	D DIV	ORCED	ANNE ARUNDEL COUNTY				
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	120 USUAL OC				F BUSINESS OR
	GLEN BURNIE	NORTH	ARUNDEL	HOSPI	TAL		BUIL		Y WORKING I		NETMAKIN
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARYLAND A	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW SEVERNA	N	13d INSIDECIT	IY LIMITS? NO 👿	13 STREET AD				
14. FA	THER'S NAME	MIDDLE	LAST	0.00	15. MOTHER'S	MAIDEN NA		MIDDLE			
	KARL	MIDDLE	RAZGAITI	S		ARY		WIDDLE		GRITC	HOS
16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17 INFORMAN			ADDRE	SS SEV	ERNA PK	
(	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	214-03-	6757	VIOLA	E. RA	ZGAITIS	51		WICH RO	•
	PART I. DEATH WAS CAUSEI IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	Th	e C	oli	n	n ?	m		
z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE (	ORCON	DITION G	IVEN IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOP	SY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	FINJURY M. MONTH DA M.	AY YEAR	21¢ HOW INJ	URY OCCURE	RED (ENTERNATU	RE OF INJUI	RY IN ITEM IB	PART I OR PART 7]	
9	21d. INJURY OCCURRED	21e. PLACE		**** \$15 )	211 LOCATIO	N		CITY OR TO	WN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK AT WORK										
	22a I certify that (I) (this hospit		_			., 19	, to				that (I) (we) last
	saw the deceased alive an abave, (1) (we) (did) (did not	) view the body	after death.	, ai	nd that in (my) (	our) apinion (	death occurred	an the do	ate and ho	ur and from the	causes stated
	22b. SIGNATURE	/	/ , -	2	DEGREE	TENDING	MEDICAL	STAI		7h. DATE	SIGNED
	June	ny	whil	ers.	P	HYSICIAN [	DIRECTOR	PHYSIC	IAN	7/1	8/84
	27d. PHYSICIAN NAME (TYPE OF	R PRINT)			22e ADDRESS	784	5 OAKWO	OD R	OAD,	SUITZ 1	07
	JOSE M. PRES	BITERO.	M.D.	( 33	GLE	N BURN	IE. MAR	YLAN	D 210	061	

DHMH - 16 50M 4/83

O FUNERAL DIRECTOR

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

24 FUNERAL DIRECTOR

MOST HOLY REDEEMER 07-21-84

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
BALTIMORE CITY

MARYLAND STATE

21229 4107 WILKENS AVE INC. HUBBARD FUNERAL HOME,

23b. DATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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measur sommer mer, mer fred et grander. I die 40 mar if 'established	elleyeare by langue to	All books	er de	Name of the last	SELECTION .

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

PEASE DIRECTOR. DUR FILES. HOURS

1	- 5	FOR STATE			STAT ARTMENT OF H AL EXAMINI		ND NENTAL HYGIĘ ICATE OF DE	ATL	7	9 2	5
	1. DEC	REGISTRAR CEASED NAME E OR PRINT)	JAMES	MIDDE	NK	Regi	ec	20 DATE KNO OF EST DEATH MAT	TI. Y	29 1980	4 DEZZ
16	70. BIR	M RIHPLACE (STATE	CAU	11 21 4	6. AGE (IN YEAR LAST RIPTHDA: 2 YR: OUNTRY?	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.  EVER MARRIED	PRONOUNCED DE AD	Z CITY OR COUN	29 ST	4 0222
1	10 01	TY OR TOWN OF	BEATH 1	1. NAME OF HOSPITAL,		WIDOWED [	DIVORCED -	ISUAL OCCUPATION OF MIST OF WORKING I	DN (TYPE THORK	12b. KIND OF OR INDU	
T 6	USUAI 130. ST		DUVNIE IN NURSING HOME OR O 13b. COUNTY	OTHER INSTITUTION, GIVE RESID	CITY OR TOWN	vie yes	CITY LIMITS? 13e. ST	Kecke 1955	Course	-310 atow	of five
20	14.10	THER'S NAME	-Reg	ettop	LAST SOCIAL SECURITY	15. MOTH	ER'S MAIDEN NAM	Kem Kem	mer_	LAST	
	(YF	CAUSE OF D	DEATH (Enter only o	ane couse per line for (a	12-40	-6525	Mary	orie d	Bear	1955	Cover
		PART I DEAT	TH WAS CAUSED B	BY:	CAYO	tiAU	Hrr	est		MENU	SH MULTING
		gave rise couse (o) ste lying couse	I I I I I I I I I I I I I I I I I I I	(b) DUE TO, OR AS A (		SCVD OF	) ,				
	TION	PART 2 OTHER SIGNI		NTRIBUTING TO OEATH BUT NOT						In Autor	
9	TIFIC	21g. EXTERNAL		21b. TIME OF INJU		ATION WAS PERFO	Y OCCURRED (ENTE	TO STATE OF BUILDING	TO THE PART LONG	20 AUTOP	
3	DICAL	UNDERLYING CONTRIBUTING	OR G CAUSE OF DE	ATH P.M.  21e PLACE OF INJ	NTH DAY YEAR  19  JURY (ATHOME,	211. LOCATION	1 OCCURRED (EST				
1	ME	WHILE AT WORK		of the remains described		Autopsy .	Inspection X.	CITY OR TOWN	ond in my o	opinion	STATE
4		death resulted  ACTUAL SIGNATURE	from: Notural	couses . Accid	lent , Suit		SPECIFY)	determined manner	DATE	1ED 72	9-84
A		EXAMINER'S NA (TYPE OR PRINT	AME William	P. Jones, M.I	).	ADDRESS.	695 America	. Crt., Dav	idsonville	2, Md. 21	035
	B	MIAL CREMATIC	OR OR OF THE STATE	8/2/84	Holy	CLOSS	Can.	In.	Petch	SIGNATURE	ghung
-	0	Kaless	7 Steven	Lucase	me In	c. cene	101.9	1984 g	dia Davids	an-Mande	1

The state of the s The Mark St. M. S. W. Company and the land of CIFE BURNEL NELT A MALLER CHAPTER STORE 1914 - THE CHAINSWELL STORY Front Pagie. Marie Kammus. 100 - Maryonia Maryonia Garage 

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I DECEASED NAME EIRST MONTH DAY YEAR 7h HOUR LITYPE OR PRINT! 4 RACE & AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH 6 ca sidn YRS To: BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED and DIVORCED 1020 WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Pe USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? P Hongooli 14 FATHER'S NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Poges NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Kenuly IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION FWC1 0 à 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? NOD YES [ NO [ 71a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 ž 71d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ö مّ COUNTY STATE CITY OR TOWN STREET arked (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE AI WORK 22a.1 certify that (1) (this hospital) attended the deceased from, 26 saw the deceased alive on 6/26 above, (1) (western (did not) view the body after death. and that in (my) (aire) opinion death occurred on the date and have and from the causes stated 27b. SIGNATURI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF + should be deto FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 77d PHYSICIAN'S NAME (TYPE OF PRINT) PEVENNA e HU18H EVENGAEVA 0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4) 24. FUNERAL DIRECTOR



26 HOUR 2d HQUR 1545 M July 20.1984 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY

THOMAS

ADDRESS Kenneth L. Rhodes, Kensington, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4

> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2B AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE

and in my opinion

DATE 7-20-84

ADDRESS 695 America Ct. Davidsonville. Md. 21035

7-23, 1984 Emmanuel Cemetery

Hardesty FH, 12 Ridgely Ave, Annapolis, Md. 21401

29 REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR

of 1900 Statement State Elder Trojak Saktado Harrest

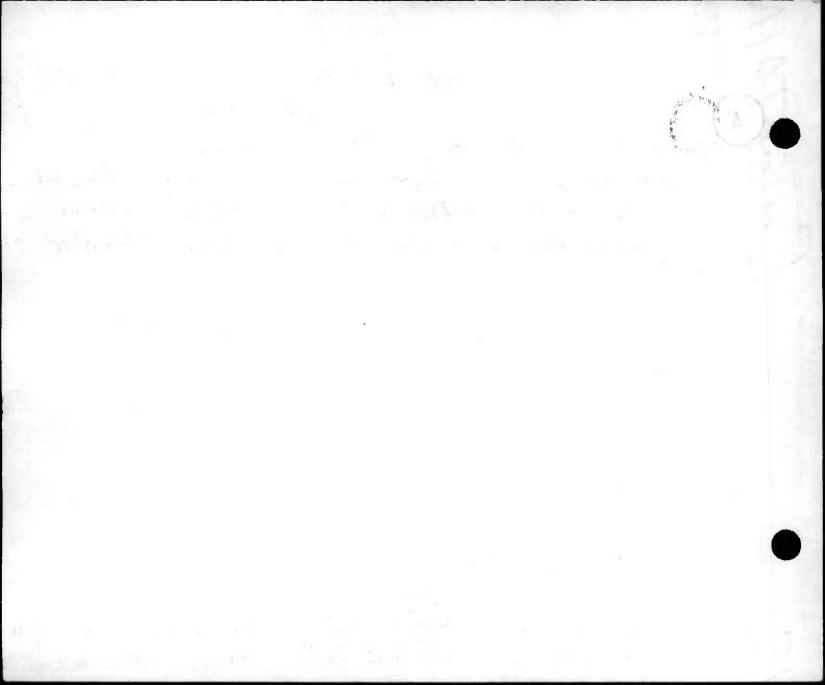
- 15 Edward Work Assert 1 State of the said M. A. R. ERWEIGH LOCE SMUSING SELECT

DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
CFI	RTI	IFIC	ATI	OF	DEATH	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

retained by the haspital or attending physician.

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ø	FOR STATE REGISTRAR
	I. DECEASED NAME

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
I. DÉC	EASED NAME FIRST	MIDALE	LAS1		AONTH DAY YEAR 26 HOUR
1 (1999)	CHARLES	Edua ROBERTS	ion	7/25	184 1145 W
1. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
TT	Jale	Caucasian	Nov. 8. 1913	10	YRS. DAYS HOURS MIN.
a BB	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
V	rainia.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne An	undel Co, MD.
90. CIT	Y OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
A	mapolis	Anne Arundel	General Hospital	Rel. Superv	VISOT Gas-LightCo.
USUA 13a. S		OTHER INSTITUTION GIVE RESIDENCE BEFORE		13. STREET ADDRESS A	ZIP, CODE 21037
	ID H.	H. Edgeux		1425 Wh	nie Mace
M FA	THER'S NAME FIRST	MIDDLE AST.	15. MOTHER'S MAIDEN NA	ME	
16	rearge	E Roberts	on rearl		Hrmstrong
	AS DECEASED FER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRES	
(4	ES, TO DR UNKNOWN! (IF YES, GIV	VE WAR OR DATES) 578-07-	2017 A Marie Ro	obertson-	#13
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), an	d(c.)	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE 10) ACUTE	MYELUGENOUS	LEUKEN	111
	IMMEDIA	TE CHOSE TO/			
	C 1997 15 111	DUE TO, OR AS A CONSEQUI	ENCE OF		
	Conditions, if ony, which gove rise to immediate	(b)			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
	onderlying coose lost.	(c)			
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 110
5	IA DAYS OF ODEDATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
2	190 DATE OF OPERATION	1 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		
-				200 AUTOFST:	IN CERTIFYING CAUSES OF DEATH?
2				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	214. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D.		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
		21b. TIME OF INJURY  HOUR A.M. MONTH D.  P.M.  21e. PLACE OF INJURY	AY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO ITEM 18. PART 1 OR PART ?}
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DE.	21b. TIME OF INJURY ATH HOUR A.M. MONTH D. P.M.	AY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHITE NOT WHITE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION STREET	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO STATE  NO COUNTY STATE
	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. IN JURY OCCURRED  WHITE NOT WHITE  AL WORK  22a.L certify that (1) (this hosp  sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY [AT HOME. STREET, FACTORY, OFFICE. F	AY YEAR 19 211 LOCATION STREET	YES NO NER NATURE OF INJURY	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO STATE  /N COUNTY STATE
	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. IN JURY OCCURRED  WHITE NOT WHITE  AL WORK  22a.L certify that (1) (this hosp  sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION STREET	YES NO NER NATURE OF INJURY	IN CERTIFYING CAUSES OF DEATH? YES NO  IN ITEM 18. PART 1 OR PART ?)  // COUNTY STATE  // 19 , that (1) (was) lost
	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  22a.L certify that (1) (this hosp  sow the deceased alive or obove, (1) (w?) (did) (did	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY [AT HOME. STREET, FACTORY, OFFICE. F	AY YEAR 19 211. LOCATION STREET  5 7 8 Y , 19 , ond that in (my) (our) opinion	YES NO NER NATURE OF INJURY  CITY OR TOW  death occurred on the do	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 , that (1) (was) lost the ond hour and from the causes stated  22c DATE SIGNED
	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  22a.L certify that (1) (this hosp  sow the deceased alive or obove, (1) (w?) (did) (did	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE. F  itol) ottended the deceosed from 7/25/84  iview the body ofter death.	AY YEAR 19 211 LOCATION STREET  5 8 7 19  , ond that in (my) (oor) opinion  DEGREE  ATTENDING	YES NO NER NATURE OF INJURY  CITY OR TOW  death occurred on the do	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 , that (1) (was) lost the ond hour and from the causes stated  22c DATE SIGNED
	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHITE NOT WHITE  AL WORK  22a. I certify that (I) (this hosp sow the deceased alive or obove, (I) (WE) (did) (did  22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE. F  itol) ottended the deceosed from 7/25/84  iview the body ofter death.	AY YEAR 19 211. LOCATION STREET  5 8 7 . 19 , ond that in (my) (oor) opinion  DEGREE  ATTENDING PHYSICIAN	YES NO NER NATURE OF INJURY  CITY OR TOW  death occurred on the do	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 , that (1) (was) lost the ond hour and from the causes stated  22c DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

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250. DATE RECID BY REGISTRAN 234 RIGIST REGISTAN FORMER AUG 2 1984

A CAMPAGE AND A SECOND The state of the s But the sound call & the stanger of H H 161 20 14 Contrado Labrar II FIRE NO 115 A SEE US ON the state of an about the same to be the stand 

#### - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 2a DATE OF DEATH MONTH 1. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN NEVER MARRIED MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Hrundel =nginger USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREE 136 COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE & MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT NE NO OR UNKNOWN) DATES 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), DUF TO, OR AS A CONSEQUENCE OF troum Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 DIVISION OF VITAL RECORDS. CERTIFICATION 0 20a AUTOPSY 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on above (I) twe) (did (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 4/83 (VRA 15, 4)

9 9

23a. BURIAL, CREMATION, REMOVAL

DITLI

24 FUNERAL DIRECTOR

23b. DATE

DIRECTOR | PHYSICIAN

23d LOCATION

STAFF

MEDICAL

ATTENDING

PHYSICIAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

22c DATE SIGNED

2h HOUR

126. KIND OF BUSINESS OR Krizer Mant

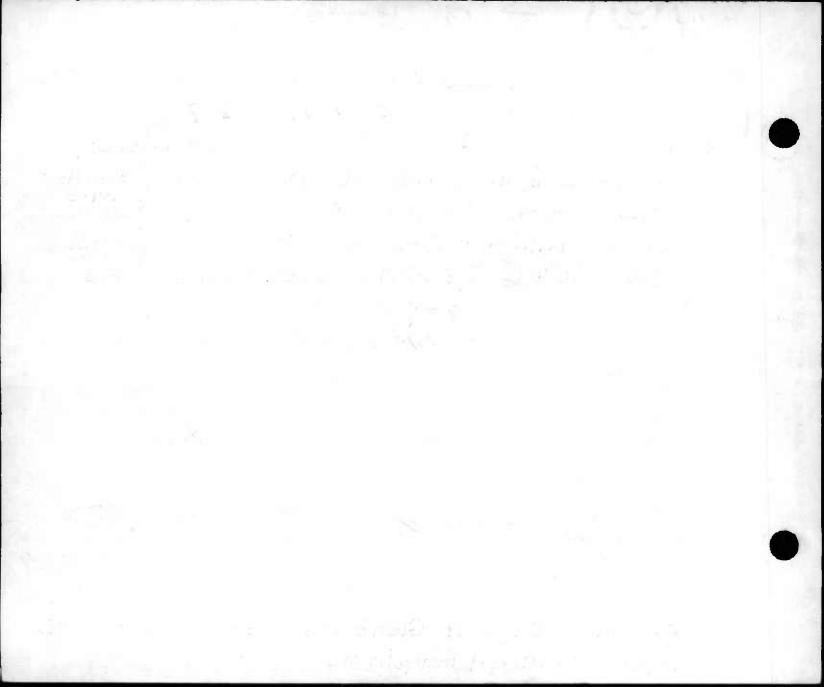
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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#### STATE OF MARYLAND

and the	1	3	0	4

1	1.	FOR STATE			DEPARTA		EALTH AND MENTAL HY	GIENE Ö	es. P	1 /	7	0 4	
1		REGISTRAR		·					REG. NO				
١		CEASED NAME OR PRINT)	FIRST	٨	AIDDLE	L	AST	2a DATE OF	DEATH A	AONTH DAY		2h HOUR	
ı	-	BERNAI	DINE		M.	RONN	ENBERG	4	JŲ.	LY 2.	1984	1:02 Pm	
١	3. SF		4.	RACE		5. DATE O		6. AGE INY	EARS LAST BIRTH			HOURS MIN.	
	_	EMALE		WHITE		AUG.		70		YRS.		MIN.	_
		CTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF \	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTYO	FDEATH		
	MA	RYLAND		U.S.A	A.	WIDOWE		ANNE	ARUN.	DEL C	OUNTY	MD.	
	10 CII	TY OR TOWN OF DEA	TH 11		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL			12b. KIND OF	BUSINESSOR	
1	RI	VIERA BC	H. :		JNLAP RI			HOUSE				_	
er!	USUA 13a. S	L RESIDENCE (IF NURSE TATE	NG HOME OR OTH		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	71P CODE			
	M	d.	A.A		RIVIERA			190		AP RD	. 211	22	
	14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA	AME					
A	C	HARLES	MID		NEUBECK		ELIZABE	TH	WIDDIE		TEWE	Y	
٦		(AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	55			•
ı	N		(# tes, Olve w	AR OR DATES!	215-01-8	3036	CALVIN P.	RONNE	ENBER	G (sa	me as	13e)	
		18 CAUSE OF DEATH	H (Enter only o	one cause per	line for (a),(b), one	dicy	malignant	0	1.		APPROXIM BETWEEN OF	ATÉ INTERVAL NSET AND DEATH	-
		PART I. DEATH W.	AS CAUSED E	//	etastatic	. Joseph	tre Carrie	mar US	Trino	ma	5 y	cars	
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		Conditions, if ony,		(b)									_
ı		gove rise to imm cause (a), stating	g the "	DUE TO, OF	R AS A CONSEQUE	NCE OF							
ı		underlying couse	last.	( (c)									
ı	_	PART 2 OTHER SIGN	IFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR COND	ITION GIVEN	IN PART 11a		
1	CERTIFICATION	Diabei	les ma	ellitu	3								
2	CAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTO	)PSY?		VERE FINDING		_
	E							YES 🔲	NO	YES		NO [	
-	GE	21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCUP	RED (ENTERNA	TURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		
	¥	OR CONTRIBUTING C		P./		19							
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE O	OF INJURY		21f LOCATION		CHTY OR TOW	'N	COUNTY	STATE	-
	×	WHILE NOT WH	ILE	[AT HOME, STR	EET, FACTORY, OFFICE F	ARM, ETC.)	JINEE						
		22a.1 certify that (1)	(this hospital)	ottended the	e deceosed from_		. 19	. to			, th	not (I) (we) last	
		saw the decease obove, (I) (we) (d	d olive on lid) (did not) v	iew the body	after death	, on	d that in (my) (our) opinion	deoth occurre	d on the do	e ond hour o	nd from the co	ouses stated	
		226. SIGNATURE	10/1	21.			DEGREE				22c. DAVE S	IGNED /	
		(and	240	MAN	7	132	ATTENDING PHYSICIAN	MEDICAL	D PHYSICI	AN 🗌	1/3/	184	
		224. PHYSICIAN'S NA	ME (TYPE OR PE	RINT)	0		22e ADDRESS	.0			1 0	,	_

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL

OR ATTENDING PHYSICIAN: The

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar ather troumatic event, the medical Exagin

DHMH - 16 50M 4/83 (VRA 15, 4)

P\$15/84

234 NAME OF CEMETERY OF CREMATORY MEADOWRIDGE MEM.

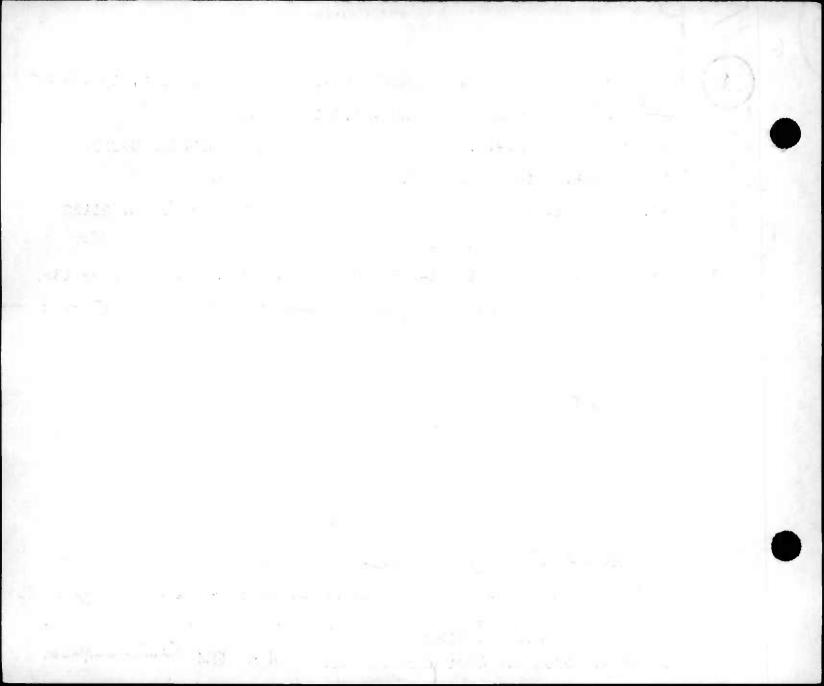
BALTON

COUNTY

MDIATE

ADDRESS RITCHIE GONCE .H 4001

JUL 6



# L AND 3 TO THE FUNERAL! RETAIN PAGE 5 FOR YOSHIOULD BE FILED, WITHIN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLISS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE FACES IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH HORM PM. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGE 3 HOUS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIR BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

BP. **DHMH - 17** 

(VR A15 ME (5))

20M 4/82

NAME

T.A. Hardesty

ADDRESS

Annapolis Md.

21401

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11-	FOR STATE REGISTRAR				-			AND ME			H	REG. NO	7	7	5	Ú
	CEASED NAM				MIDDLE			LAST		- 1	DATE KN	IOWN [	нгиом	DAY	YEAR	26. HOUR
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3 SEX	(	4 RACE	5. DATE O	DAY	YEAR	LAST BIRTHE			HOURS		ONOUNC	ED	MONTH	DAT		2d. HOUR
	nale	White		11 19			RS.				DEAD		(	/	19 44	M
FC	RTHPLACE IS		/0. C1112E	N OF WHA	AI COUN	TRY?		IED X NEV		ED 🔲	BALTIMO	GE CITY O	COUN	TY OF I	DEATH	
	irginia			SA			WIDOV		DIVORCE			Arun		Co.		MD.
10. C	ITY OR TOWN	OF DEATH	(IF NOT	OF HOSPI	ITAL, NUR LITY, GIVE ST	RSING HOM REET ADDRESS)	E, OR OTH	IER INSTITUT	ION		L OCCUPA ST OF WORKIN		OF WORK		ND OF BU R INDUST	
	dgewate		3920	Geri	nan to	own Rd	. 210	)37		Hous	sewif	e		Hou	sehol	d
13e. \$		I IF IN NURSING HO		TUTION, GIVE		OR TOWN	ION)	13d. INSIDE CIT	IY LIMITS?	13e STREET	TADDRESS					
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14. F/	ATHER'S NAM	E	MIDDLE			LAST		15. MOTHE	R'S MAIDE	NNAME	MIDE	LE			LAST	
_	Dather	R.			lsing			Anna	3		Mary	6	Sp	ence	er	
16a. V	VAS DECEASE ES, NO, OR UNKN	D EVER IN U.S.	ARMED FORCE		166 SOC	IAL SECURI	TY NO.	17. INFORM	IANT			ADDRESS				
	No				216-	82-22	75	Edwa	ard Ra	ay Sr		# 1	3e			
TION	Candific gave r cause (o lying co	ins, if any, wh ise to immedi i) stating the und	DIATE CAUSE ()  pich pate ()  der ()  ONS CONTRIBUTING	E TO, OR A  b)  TO, OR A  c)  10 0EATH BU	S A CON		OF OF	E OR CONDITION		N I (a).						
CERTIFICATION	198 DATE O	POPERATION	196	CONDITIO	ON FOR V	WHICH OPE	KATION W	AS PERFORM	WED3						AUTOPSY	NO 📆
MEDICAL CERT	UNDERLYING CONTRIBUT 21d. INJURY	ING CAUSE	OF DEATH 21e	TIME OF I DUR A.M. P.M. PLACE OF TREET, FACTO	MONTH		21f LO	OW INJURY	OCCURRE		CITY OR TOWN					STATE
1	22ª I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	Jan Jan	atural causes		Accident		Autap uicide	Hamici	PECIFY)	Undetern	Inquiry Inquir	er .	DATE SIGNE	7 D	<b>~3</b> -	84
23a, B	URIAL, CREMA	ATION, REMOVA	AL 23b. DATE		23c. N	IAME OF CE	METERY C	R CREMATO	RY	23d. LOCA	ATION		cou	NIA	SI	TATE
E	Burial	CV O.D.	7-5-3	4	Ft	Lin	coln	12	C- DAVE D	Bren	twood	TEL DECI	P.G.	ICAL C	Vd.	

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**DHMH** - 17

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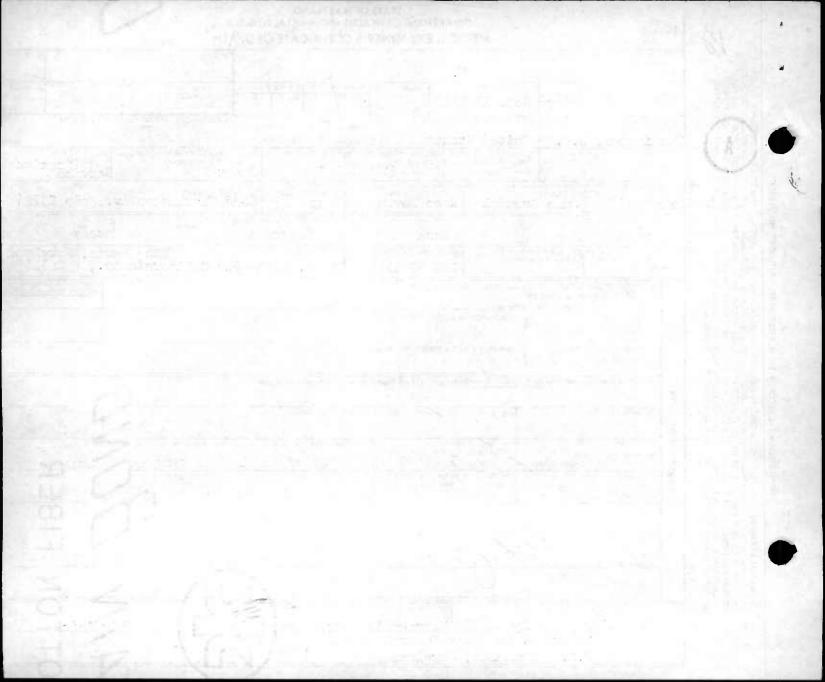
P.A.

Bethesda, Maryland

HOURS IN STREET,

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR			EPARTMENT OF H					1	1 5	4-1
Į		REGISTRAR	FIRST		MIDDLE	EK.2 C	EKTIFICATEO		KEO. 14			B: 110115
1		CEASED NAME					LAST		DATE KNOWN	MONTH	DAY YEAR	26 HOUR
- [			Robert		V		ısk		DEATH MATED	7/24	/849	M
	3. SEX Ma1		casian 7	DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHDAY		DER 1 YR. IF UNDER		DATE ONOUNCED	MONTH	DAY YEAR	5:05
	Mal	.e cau	Castan	Oct. 19,	1915 68 YR		DATS		DEAD	7/24		PM
	7a BIR	REIGN COUNTRY)	7 b.	CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED NEVER MARRI	IFD	BALTIMORE CITY			ELYLIN
/		hington,	D.C.	United St	tates	WIDOW		ED 🗆	Anne Arun	del Co	unty	MD
	ID CIT	TY OR TOWN OF DE	ATH 11		ITAL, NURSING HOME,				OCCUPATION (TYP	E OF WORK 121	OR INDUST	USINESS
2		napolis			del General		spital	Owner	ST OF WORKING LIFE)	Se	or ingust	ation
00	13a. ST	il residence (if in hi rate ryland	136 COUNTY Anne A		RESIDENCE BEFORE ADMISSIO 13c CITY OR TOWN Rose Haven	L	13d INSIDE CITY LIMITS? YES NO	6894	Charlest	on Av.	, zip 2	20714
/	14 FA	THER'S NAME FRANK	M	NIDDLE	Rusk		15. MOTHER'S MAIDE FIRST Gertru		MIDDLE	Mas	ssey	
		AS DECEASED EVER			166. SOCIAL SECURITY		17. INFORMANT		ADDRES	se Have	en. Mar	ryland
3		ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	R OR DATES)	220 09 274	3	Leo D. Rus	k- 620	) Californ	nia Av.	., 20	0714
Н		18 CAUSE OF DEA	TH (Enter only o	ne cause per line f	or (a) (b) and (c))						APPROXIMAT	
		PART I DEATH V	VAS CAUSED BY	Υ;	Multiple	Tni	rias				BETWEEN ONSE	ET AND DEATH
	-	012.0	IMMEDIATE C		S A CONSEQUENCE O		4140					1/11
	/	Canditions, if	any, which	50210,011								
		gave rise ta cause (a) statin	immediate	(b)	S A CONSEQUENCE O	\F						
		lying cause last		DUE TO, OR A	13 A CONSEQUENCE O	)r						
		DANK A GAMER COCHECA	NY CONDITIONS CON	(c)		NA BREEZE						
	7	PART Z UTHER SIGNIFICA	NI CONDITIONS CON	INTRUTING TO DEATH RU	IT NOT RELATED TO THE TERMI	NAL DISEAS	E OR CONDITION GIVEN IN PAI	RI I to				
-	CERTIFICATION	19a DATE OF OPER	ATION	In constru	ON FOR WHICH OPERA	TIONING	A C DEDECODATED?				20 AUTOPSY	· · · · · · · · · · · · · · · · · · ·
	CA	190 DATE OF OPER	ATION	196. CONDIT	ON FOR WHICH OPERA	ATION W	AS PERFORMED?					
4	RTIF	a. Eveenial Cal	105 VIIAC	AN THE OF	b I to Imag	Las					YES X	NO [
3		UNDERLYING		HOUR AM.	MONTH DAY YEAR	ZIC HO	OW INJURY OCCURRE					
	MEDICAL	CONTRIBUTING	CAUSE OF DEA		7/24/84,		ject drive	r in a	auto/auto	collis	sion_	
	AED	WHILE NO		STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	C	ITY OR TOWN	COUN	TY	STATE
1	~	AT WORK AT	NORK X	roa	dway	Rt.	2 & Frien	dship	Rd., Anne	e Aruno	del,Md	.21
X		22a I certify that	t I taak charae o	f the remains desc	ribed obove, held on	Autop	sy X, Inspection	n .	Inquiry . or	nd in my apini	ian	
	80	death resulted from		. —		cide	. Hamicide		nined monner .			
		ged in resource tro	1	h12 -	The state distribution streams		TITLE (SPECIFY)					
-		ACTUAL SIGNATURE	/V	/PSX		AA	Assistan	t MEDICA	AL EVALABLED	DATE	7/25/8	84
X		SIGNATURE	-	()				MEDIC	AL EXAMINER	SIGINED.		
1		EXAMINER'S NAME (TYPE OR PRINT)	Grego	rv R. Ka	uffman, M.D	).	ADDRESS 111	Penn 9	St. Balto	o. Md.	2120	1
	23a. Bl	URIAL CREMATION.			23c. NAME OF CEM			[23d LOC/	ATION	COUNTY		
	(5	Cremation			84Metropol:			A 1 av	andria	COUNTY	cinic	STATE
	24. FL			Pumphr	ey Funeral	Home	25g. DATE	REC'D BY RE	andria	ISTRAR'S SIG	MATUREN	
		1 170116		PEDNESS	Maryland	220111	JUL.	2 0 13	84 Julian	autaber-1	In France	



	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		1775
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
5	(TYPE	Douglas Douglas	e H.	RUTHERFORD	July	19,1984 015
1:	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
)		MALE	CAUCASIAN	APRIL 13 PT30	8:54	MONTHS DAYS HOURS
810		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COL	
307	N	EN YORK	IUSA.	WIDOWED DIVORCED	ANNE AR	UNDEL
p-154	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE  NORTH HRUNDEL	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  ENGINEER	12b. KIND OF BUSINES
133	730. 9	TATE 13 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) 136. INSIDE CITY LIMITS?	130 STREET ADDRESS 534 HEAVITE	1/ 4.2
120	2.4.22	THER'S NAME FIRST FREDERICK  I	MIDDLE 9 LAST	15. MOTHER'S MAIDEN NA. FIRST FIRST FIRST		DEARDEN
2		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC INVEWAR ORDATES) CHINCANTENT 092-24-		ADDRESS WITHERFORD	(SAME AS 13
event, the		PART I. DEATH WAS CAUSE	only one couse per line for (a), (b), a NED BY: ATE CAUSE (a)	Ventrule le	Irillula-	APPROXIMATE INTERVIBET WEEN ONSET AND D
oumate		Conditions, if any, which	DUE TO, OR AS A CONSEQU	lla a l	ent cliseise	5 years
r ather troum		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF	5	
injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	N GIVEN IN PART 11a
18 shows ony	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO
Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
marked ar #	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY ST
21 is		sow the deceased alive or	on 19	84, and that in (my) (aur) opinion	death occurred on the date on	, 19 <u>64</u> , that (I) (w d hour and from the causes stat
T. # #eg		27b. SIGNATURE	Ibhal		MEDICAL STAFF DIRECTOR   PHYSICIAN [	221. DATE SIGNED
IMPORTANT: H		Gerard	Church. 1	n.O. Sever	na Purk, r	21146
7	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY CIZEMATION	JULY 20, 1984 1	NAME OF CEMETERY OR CREMATORY  RESTVEIN CREMATORY	23d. LOCATION WESTVEIN	BOUNTY ST.

DHMH - 16 50M 4/82

(VRA 15, 4)

SYCIO YES TO THE time course the risk 8 SY and THE PARTY HELD STATE OF THE PARTY HELD STATE OF THE PARTY the source throughouse there there is the state of the state of the state of William . Leave the Manufactor Marie and Land I golden the end of the desire of those series (Sine He to) The contract of the contract of the Affiliant and the contract of the contract

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CEPTIFICATE OF DEATH

	1	3	63	,
			T	

X	1-	FOR STATE REGISTRAR			DEP		HEALTH AN	D MENTAL HYG F DEATH			, ,	EDT'
	1 DEC	EASED NAME	FIRST		MIDDLE		LAST		7a. DATE OF DEA	G. NO.	DAY YEAR	26 HOUR
		OR PRINT)	JOSEPH		thur	RUTHER	FORD	JR	JULY	19,	1984	630 AM <sub>M</sub>
-	1. SEX		4	RACE		5. DATE	OF BIRTH		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
	17	Dale		Whi	te	Tu	" 27	1923	60	YRS		HOURS MIN.
3		RTHPLACE (STA	TE OR FOREIGN 7	b. CITIZEN OF Y	WHAT COUN		ED NEVE	R MARRIED DIVORCED	9 BALTIMORE CI	TY <u>OR</u> COUN ARUNDEI		MD.
4	G	LEN BURN	NIE	NORTH A	ARUNDE	URSING HOME STREET ADDRESS) L HOSPI'	TAL	NSTITUTION	120 USUAL OCCU			of BUSINESS OR
1	13a. S	ND	13b COUNT		GIVE RESIDENCE		YES YES	E CITY LIMITS?	13e STREET ADDR	ES / ZIP CO	of 2140	1
1	14. FA	THER'S NAME FIRST	h F	PDIE RU	atheir	ford	15. MOTH	FIRST	MIDI		Twei	1
	16a W	AS DECEASED	EVER IN U.S. ARM	MED FORCES?	166 SOCIAL	8-9501	Tank	MANT NE B.R	where	obress rd-	same a	13
	(A) (B) (A)	Canditians, if gave rise to cause (a),	immediate	DUE TO, OF	Cae R AS A CONS	FCUL OF	tas	teres	Lieng	with	MA	IMANE INTERVAL ONSEL AND DEATH
2	CERTIFICATION	PART 2. OTHER	rerosch	Book	· /	HICH OPERATIO	1 Pais	earl	200 AUTOPSY?	20b. IF IN CER	YES, WERE FINDI	NGS USED S OF DEATH?
7		OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEAT	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATURE O		YES [] 8 PART T OR PART 2)	но 🗍
	MEDICAL	AT WORK	AT WORK		REET, FACTORY, O	FFICE, FARM ETC )	211 LOCA	ATION REET	CITY	OR TOWN	COUNTY	STATE
	1	saw the di	iat (I) (this haspito eceased alive an _ we) (did) (did sopt) EE	7	15-	1	and that in (r		death accurred an I		aur and fram the	
		22d. PHYSICIAN	I'S NAME THE CO	1 / march	Topoe	Lu	27# ADD	-	OLD MILL	ROAD	17-	1449

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: Africand the use of including deflocing for use of in the State Digit of Health ned by the hospital

MPORTANT: If hem 21 is marked or hem 18 shows any

236. DATE

730 NAME OF CEMETERY OR CREMATORY
HILLCHEST

23d LOCATION

230 BURIAL, CREMATION, REMOVAL

BPECIFY)

24 FUNERAL DIRECTOR

AME

250. DATE REC'D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE

Literal minimum and the state of the state o The safe activative of the Killingson S. B. A. C. C. tonget I protect A digest 4 Elfe Landmattall & alone | Most & Cott ITTEEL & - 1 ALLEY TO THE SERVE MA AR CLEGGRADO TOSOSILIA HERELES, LATERIALES Total of the part of the part of the second of the last of the las

1	STATE REGISTRAR		AINER'S CERTIFICATE OF	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	OF ESTI-	MONTH DAY YEAR
L	James		Ryland, Sr.	DEATH MATEDXX	7 13 19 8
	4. RACE	5. DATE OF BIRTH 6. AGE	(IN YEARS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE ^	MONTH DAY YEA
4	ale White		YRS. HOURS M	DEAD	7 19 19 8
	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
	aryland	U.S.A.	WIDOWED DIVORCED	22	
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADD	IOME, OR OTHER INSTITUTION 12 RESS)	Re. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	F WORK 12b. KIND OF OR INDU
1	Crofton	1683 Ridgely	Court	FOR MOST OF WORKING LIFE! M/Sgt.	Army
	STATE 13b. COL	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL	OMISSION)  NN   13d. INSIDE (ITY LIMITS?   13	le. STREET ADDRESS	21
$\mathbb{N}$		e Arundel Crofto	n YES 🚾 NO 🗆	1683 Ridgely	Court
	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	LAST
1	William	Claude Ryland	Sr. Nelda	Cecelia	Welle:
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SEC		ADDRESS	Hag. Md
	Yes Kor	ean 219-20	-4792 Nelda C.	Ryland Walnu	t Towers
	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), and (c			APPROXIM BETWEEN ON
	PART I DEATH WAS CAUS	SED BY: Amitri	otyline Intoxicati	on	
	and the same of th	DUE TO, OR AS A CONSEQUE	NCE OF		
	Canditians, if any, whi				
-	cause (a) stating the und		NCE OF		
	lying cause last.	(c)			
1	PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	(0).	
Z					
15	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOP
2 1					YES ਓ
CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PAR	
		LMary HOUR A.M. MONTH DAY	0.1		
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY JATHO	ME. 211 LOCATION	0	11/2
3	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) Home	1683 Ridgely c	CITY OR TOWN	COUNTY
				ourt, Crofton, Ar	
	22a I certify that Hoak cho	arge of the remains described above, held	an Autapsy , Inspection	Inquiry L., and	in my apinian
	death resulted them	Acident .	Suicide , Hamicide ,	Undetermined manner	
1	11 1/4	1 7 The sol	Assistant		DATE 7-2
1	ACTUAL / VO / /	I I I I I I I I I I I I I I I I I I I	ASSISTALL	_MEDICAL EXAMINER	SIGNED
	ACTUAL SIGNATURE	un major	M.D	-MEDICAL EXAMINER	3101460
	SIGNATURE	aux megro	m.0		
2	EXAMINER'S NAME TYPE OR PRINT) D	ennis F. SmytM, M.	)	nn Street, Balt	
730	SIGNATURE	L 236 DATE 23c. NAME C	ADDRESS 111 PE	nn Street, Balt	to., Md.
L	EXAMINER'S NAME ITYPE OR PRINT)  BURIAL, CREMATION, REMOVAL (SPECERY)	7-23-84 Rest	. ADDRESS 111 Per FCEMETERY OR CREMATORY Haven Cemetery	nn Street, Balt	to., Md.
	EXAMINER'S NAME ITYPE OR PRINT)  BURIAL, CREMATION, REMOVAL (SPECERY)	L 236 DATE 23c. NAME C	. ADDRESS 111 Per FCEMETERY OR CREMATORY Haven Cemetery	nn Street, Balt	county Wash Md RAR'S SIGNATURE

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Patapsco

Lee

Items 18-22a 9/21/84 mtb F#595

1 - STATE

REGISTRAR

1. DECEASED NAME

(TYPE OR PRINT)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20 DATE KNOWN 2b. HOUR OF ESTI-DEATH MATED 1319 84 24 HOUR 2:09A 13 19 84 9. BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS alvert Dist. Lon LAST ADDRESS 1026 Seventh Ave BETWEEN ONSET AND DEATH 20 AUTOPSY? YES 🔽 NO [ Cramer Court. Glen Burnie. A. A.Co. and in my apinian 7/13/84

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lack to part of the colored But the transfer of the same o The second secon . V. C. Wallington, E. S. Blacks Schools T. N. Felit. THE REPORT OF THE PROPERTY OF THE PARTY OF T

on popers. Poges

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoned by the hospitol or offending physicion.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

should be detoched for use as the buwith the State Dept. of Health and M.

## STATE OF MARYLAND FOR STATE

	SIMIL OF M	ARILAND	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
		OF DEATH	

REGISTRAR		CERTI	TICKIT OF BEATH	REG. NO.	
I. DECEASED NAME FIRST	N ROBERT	SEVELL	LAST	20 DATE OF DEATH MONTH	1984 8 26 HOUR
1. SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasian	Apri		66YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE   STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRI	ED NEVER MARRIED		L COUNTY
Maryland O CITY OF TOWN OF DEATH	USA	WIDOW	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126, KIND OF BUSINESS OR
GLEN BURNIE	North Arun	THE STREET ADORESSY	TAL	(TYPE OF WORK FOR MOST OF WORKING	
USUAL RESIDENCE (IF NURSING HOM 130. STATE 1136 CO		NCE BEFORE ADMISSION OR TOWN	1 134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE .
Md.		Burnie	YES X NO	7422 Zachary	
14 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME	4457
Wilmer		well	Marv	М	Breneck
16a WAS DECEASED EVER IN U.S.		IAL SECURITY NO.	17. INFORMANT	ADDRESS	Dielleck
	S, GIVE WAR OR DATES)	07-4510		Behn, sister,	same as 13
	er only one couse per line for to				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	USED BY:	Real 4	ston And	cont	1 2000
IMME	DIATE CAUSE (o)	Julia	your file		1 acy
	DUE TO, OR AS A C	INSEQUENCE OF	11		1 . 4
Conditions, if ony, which	( b) HAV	med	Imme (W	nur	2 morch.
gave rise to immediate					
couse (o), stoting the underlying cause lost	DOL TO, OR AS A CC	ONSEQUENCE OF	V		
	(c)				
	NT CONDITIONS CONTRIBUT	NG TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
190 DATE OF OPERATION	19h CONDITION FO	P WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 206. IF	YES, WERE FINDINGS USED
190 DATE OF OPERATION 1	THE CONDITION TO	K WINCH OFERATION	ON WAS PENI ORMED		TIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OB CONTENENT CALLET					
(IF EITHER, NOTIFY MEDICAL EXAM		19			
	21e PLACE OF INJUR		211. LOCATION	CITY OF TOWN	COUNTY STATE
AT WORK		,	0		201
27s.1 certify that (I) (this b	aspital) attended the piecease	d from6 -	19	7 . to	
saw the deceased alive	00 /-/0	_19_86	and that in (my) (our) opinion	death occurred an the date and l	haur and fram the causes stated
obove, (I) (we) (did) (did) 17h SIGNATURE	d nat; view the body offer place	th.	DEGREE		100 DATE SIGNED
THE SKITCH C	2 45			AMEDICAL STAFE	7-10-84
	1 100		PHYSICIAN,	MEDICAL STAFF	CENTURE 104
22d. PHYSICIAN'S NAME (1	YPE OR PRINT)	Sent History	22e ADDRESS	19 OTHEROOF HERE'S	00210 401
LONG S. HS	U. M.D.		CLEN BURI	NIE, MARYLAND 21	1001
23a. BURIAL, CREMATION, REMOTE (SPECIFY)			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
Rurial	116 July 84	Crownsy	ille Veterans	Crownsville.	AA. Maryland

DHMH - 16 50M 4/83

BP

(VRA 15, 4)

James S.Kirkley, Glen Burnie, Maryland

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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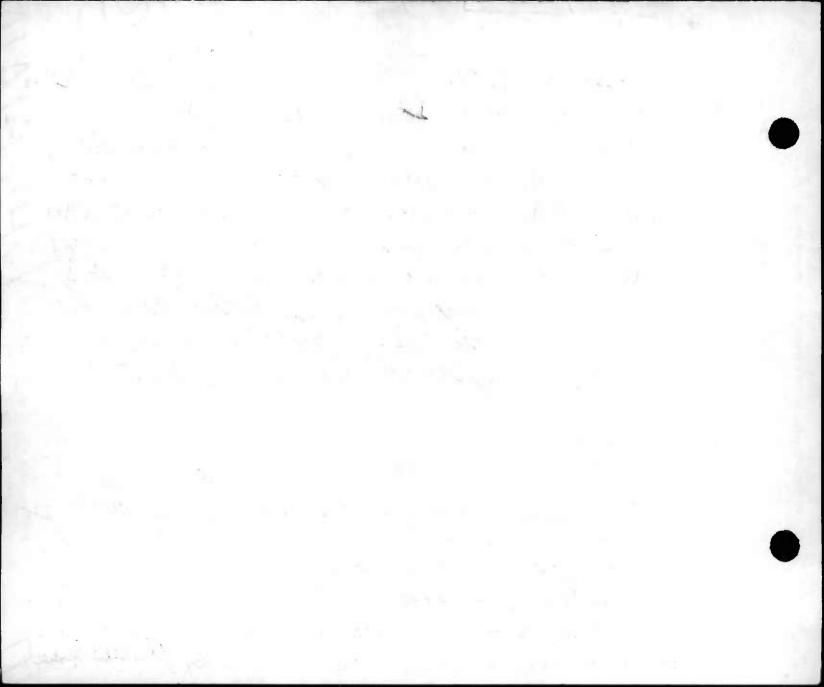
DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT 31, 1984 515 **IDELLA** SHERMAN JULY ETHEL IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HR YRS 9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE SALESPERSON 23 21144 13e.STREET ADDRESS / ZIP CODE 7944 CLARK STATION ROAD WARD 7944 CLARK STATION ROAD, SEVERN, MARYL 7944s APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITE OF TOWN STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 325 HOSPITAL DRIVE, SUITE 104 BURNIE, MARYLAND 21061 STATE Remova 1 7/31/84 250 DATE REC'D. BY REGISTRAR 106, REGISTRAR'S SIGNATURE ALL JUNIO DAY COMPANY CONTROL OF THE SECOND CONTROL OF 24 FUNERAL DIRECTOR AUG 6 1984 Balto., Md. Anatomy Board

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THEY THE TANK YELL WILL			Allen	IIIE .
88	22 1895	.1912	at i hv	÷1.0497
YIMATO MORBIA BASS			E A B U	MARYL PE
RETIRED SALESPERSON		MILHSPITAL	MRA HORN	TOWN 7610
79 - CLARK STATION ROAD	X	MSHV TO	NET ARUNDEL	MARYLAND
LLA WAW		40.790	YJJ	BAMORT
DIOUS ROLD, SEVERE, N. RYLLM	CARA L.	-265	212	-011

3/2	1	FOR - STATE REGISTRAR	DEPARTMENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	17941
		CEASED NAME FIRST	ETH M. ST	nitH	20. DATE OF DEATH	7 16 84 7.20 AM
A moy	3. SE	× Francis 1	RACE S. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Poge	7a. B		CITIZEN OF WHAT COUNTRY? 8	00000	9. BALTIMORE CITY OF	COUNTY OF DEATH
death.	m	la culand	USA WIDOWE		Anne	Arundel Co. MO.
offer of the control	10 0	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	R'OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
n by		AL RESIDENCE (IF NURSING HOME OR OTI	nne. Hrundel Gene HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		Museum	
7 PP (1)	136	mil AA	Annapol 13	YES NO .	13e.STREET ADDRESS	DSon St 21401
1 25 10	14. 6	ATHER'S NAME	qu issi	15 MOTHER'S MAIDEN NA		0 401
die die	1	ours mec	Jane Merry Man	JOSEPHIY	ADDRE	Brodix
Popel /		SEZ AGON PHIENOWNI IN ART CHE M		Elizabe	46 S-SAN	t same as
ote b period roll t. the	F	18 CAUSE OF DEATH (Enter only	one couse per lige for ray for, and rest	11	A P -1	BETWEEN COUNT AND CHATH
d ph bed ph remo		PART I. DEATH WAS CAUSED B IMMEDIATE (		cognoss	Meterical	Heroseke (
soft in the control of the control o	1	Conditions, if any, which	DUE TO, OR AS ADCONSEQUENCE OF	to Hear	tu NA	unnie
the o	1	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	sil.	2 11:	-11.
that ed by please righ, c	1	underlying couse lost.	NOTIONS CONTRIBUTING TO DEATH BUT	100m 12	1441	alle
squire Then Then novy.	NO.	PART 2: OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN ALDISEASEONE CONE	INCIDENTAL PART THE
2 gay	CERTIFICATION	196 DATE OF OPERATION	IN. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	254 AUTOPSY?	106, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The part of the pa	EKI	21s. ACCIDENT WAS UNDERLYING.	21s. TIME OF INJURY	Th. HOW INJURY OCCUR	VES NO	YES [] NO []
CLAN Setting Mal 13,		OF CONTRIBUTING CALCE OF DEATH	HOUR A.M. MONTH DAY YEAR			
PHYS PHYS PHS PHS PHS PHS PHS PHS PHS PHS PHS PH	MEDICAL	214 INJURY OCCURRED	THE PLACE OF INJURY	711 LOCATION	CITOVIDA	COUNTY STATE
After of the countries	1	At work At work	0 0 12	Chem 6	4 16	al el
TOR Stall		27s.1 certify that (I) (the largested saw the deceased olive on obove, (I) is a fallet (dut	15 Yall 10 84 00	grhat in (my) (and opinion	death occurred on the do	te and our and from the cause stated
A A A A A A A A A A A A A A A A A A A		17h SIGNATURE		DEGREE	MEDICAL STAF	THE DIME SIGNED
RALD SALD	4	THE PHYSICIAN'S NAME UP OF	y! X pel	BHYSICIAN [	D PHECTOR [] PHYSIC	AND 676489
HOSPIT TO FUNER Hould be o		-10-	Po Louis Dr	D 77 WE	st 8/ /	Junoly 95.
25 2413	230	BURIAL, CREMATION, REMOVAL	236 DATE 231 NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY ORLIOWN	ARUNIX STATE
BP	74.5	UNERAL DIRECTOR	July 16, 484 1 T. LIV	nealn 125m DAI	Prentwo	
DHMH - 16 50M 4/83 (VRA 15, 4)	the	wor Tuneral	Chapel-Annapolis	ma T	111 1 8 1984	Julia Davidson-Randelle
					The second second	<b>∀</b>



STATE OF MARYLAND

Heart Street and a Street Santill

requires that the death certificate be executed within 24 hours after death. Page 4

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etained by the hospital or ottending physician.

# CTATE OF MADVIAND FOR STATE

STATE OF MARTLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
CERTIFICATE OF DEATH							

4	I	7	9	EDT	
REG. NO.				FIL	

REGISTRAR			and in the same		REC	. NO.		
I. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEAT	HINOM	DAY YEAR	26 HOUR
{TYPE OR PRINT}	HOBART M	CKINLEY SM	ITH		JULY	7,	1984	155
£. SEX	4. RACE	19	5 DATE OF BI	RTH	6. AGE (IN YEARS LAS	T BRTHDAY)	IF UNDER I YEAR	IF UNDER 24
14-2-	7.71-		MONTH	DAY YEAR	0.7		MONTHS DAYS	HOURS !
Male 70. BIRTHPLACE (STATE		ite F WHAT COUNTRY?   8	2	18,1896	9 BALTIMORE CIT	YRS.	TY OF DEATH	
COUNTRY)		4		KNEVER MARRIED		_	COUNTY	
West Va	USA DEATH II NAME OF	F HOSPITAL, NURSING	WIDOWED	DIVORCED	120. USUAL OCCUP			F BUSINES
GLEN BURN	A LAL TOTA 31 A	ARUNDEL H		THER INSTITUTION	(TYPE OF WORK FOR MC			1 60311423.
12					CPA		Accou	nting
130 STATE	NURSING HOME OR OTHER INSTITUTION	13c. CITY OR TOWN		INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CO	DE OI	03
Md	AACo	Davidsonv:	ille YE	S NO	1130 Rut	and V	iew Dr.	
Frank	WIDDLE	LAST	15.	MOTHER'S MAIDEN NA	ME		tas	
Frank	F.	Smith	V.	irginia	111001		Simmons	
160 WAS DECEASED E	VER IN U.S. ARMED FORCES	166 SOCIAL SECURI		INFORMANT	AC	DRESS		
(YES, NO OR UNKNOWN	(IF YES, GIVE WAR OR DATES)	193 01 28	2/1 F	thel C. Smi	th # 12			
yes				cher c. Smr	UI it 13		APPROXI	MATE INTERVA
PART I. DE AT	EATH (Enter only one cause p H WAS CAUSED BY:	er line for (a), (b), and (	0-				BETWEEN	ONSET AND DE
010	IMMEDIATE CAUSE (a)_	PHO	emi	a.			-	***
17 817	DUE TO,	OR AS A CONSEQUEN	ICE-OF-	neliscul		101.10	-	
Canditions, if		· / Mi	my)	may cu	are al	rucu	ici,	
gave rise to cause (a), s	tating the DUETO.	OR AS A CONSEQUEN	ICE OF					
underlying co	ause last	0 4 80						
1 / / 1	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TERA	AINAL DISEASE OR C	ONDITION	IVEN IN PART I	3 .
190 DATE OF OP	collectul	Lend	ueg/	cady 1	45711	218	1	
190 DATE OF OP	ERATION 196 CON	DIT ON FOR WHICH O	PERATIONW	AS PERFORME	260 AUTOPSY?	20b. IF Y	ES, WERE FINDS	GS USED
E 6/	21/84	Morra	ue ja	NYTX	YES NOT		YES .	NO [
210. ACCIDENT WA		OF INJURY		. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM II	B PAN TOWN ATT	1101
OR COLUMNICATION	CAUSE OF DEATH HOUR	(01	YEAR 19 S4	mate	~ veh	ino.	10001	d'odi
OR CONTRIBUTING  OR EITHER NOTIFY  21d INJURY OCC		P.M. O F		LOCATION		100	Decer	-0-4
WHILE NO	TWHILE THE TANK	STREET, FACTORY, OFFICE, FAR		STREET	CITY	RIOWN	COUNTY	STA
AT WORK A	I WORK	cer	611	1	4	117	84	
	it (I) (this hospital) attended	he ecensed from	0/	, 19_0	10	1		that (1) (we
obave, (I) (w	ceased alive an ve) (did) (did not) view the ba	dy after death.		at in (my) (our) opinian	death occurred on th	e date and h		
226. SIGNATURE	- 101	inh	DEG	440		7 455	22c DATE	SIGNED
Ma	ull (" Ill	Maria	n ri	ATTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN [	1//	113
22d. PHYSICIAN	S NAME (TYPE OR PRINT)		22	ADDRESS 156	3 STREET	MARGAR	ET'S ROA	D'
DANIE	L C. WILKERSON	N. M.D.	26.713	ANNAPOLIS	. MARYLAN	21	401	
230. BURIAL, CREMATI			AME OF CEME	TERY OR CREMATORY	23d LOCATION			
(SPECIFY)					CITY OR TOW		COUNTY	STA
Burial 24 FUNERAL DIRECTO	7-11-	54 SYL	vanıa l	Hills Mem P	K I Roches			Penn:
		ADDRESS			THE CO. ST REGIST			M. A.
Hardesty F	H, 12 Ridgely	Ave, Annapol	Lis, Md.	21401 J		4 Chica	Devidour	Nova

DHMH - 16 50M 4/83 (VRA 15, 4)

THE REPORT OF THE PROPERTY OF Laborate and the state of the state of Conference / Conference of the And the state of t A Country of the Coun Mary Mary Mary Company of the Compan

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbonpopers Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or remayal.

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGI
TE	CEDTIEIC ATE OF DEATH

	JIAI	E OF M	MILL	AND	
EPARTMENT	OF	EALTH	AND	MENTAL	HYGIENE
CI	RTIE	ICATI	E OF	DEATH	

3 4	1	7	9	d	1
		4			

	REGISTRAR			CERTIFICATE	OF DEATH	REG. NO.		*	
1	(TYPE OR PRINT)	•	AIDDLE	LAST		2a DATE OF DEATH MO	ONTH DAY	YEAR T	8 MM
	SAD		0		ERS		1-010		
)	FEMALE	4 RACE	PAIRN	5. DATE OF BIRTH	14 - 94	6 AGE TIN YEARS LAST BIRTHE	YRS.		# UNDER 24 HRS HOURS MIN.
	70. BIRTHPLACE (STATE OR FORE)		WHAT COUNTRY?	8		9. BALTIMORE CITY OR		DEATH	
35	MARYLAND	11	S.A.		EVER MARRIED	1			
\$~	IO. CITY OR TOWN OF DEATH		OSPITAL NURSING	WIDOWED X	DIVORCED [	ANNE ARUI	V	A KIND OF	BUSINESS OR
EK 2	V- V-	[ IF NOT IN SUC	H FACILITY, GIVE STREET AL	ODRESS)		TYPE OF WORK FOR MOST OF W	VORKING LIFE)	NDUSTRY	
50	ANNA POLIS		UNDEL GEN		PITAL	CHAMBERMA II	D	HOTE	<u>L</u>
\$ 75 E		COUNTY	131. CITY OR TOWN		SIDE CITY LIMITS?	13e.STREET ADDRESS / Z	ZIP CODE		
ê.C	MARYLAND	A, A.	ANNAPOLI			241 HICKORY	Y POINT	! ROAD	, 21122
and a	14 FATHER'S NAME	WIDDLE	LAST	15. MC	THER'S MAIDEN NAM	ME MIDDLE		LAST	
@ 44h	HENRY	Minore	CLOPEIN		MOLLIE	Middle		MEYE	RS
lo .	160 WAS DECEASED EVER IN U		166 SOCIAL SECUR	ITY NO. 17 INF	ORMANT	ADDRESS	PASAL	ENA .	MD.21122
medi	(YES, NO OR UNKNOWN) [#	YES, GIVE WAR OR DATES)	215-22-3	500 MA	RTIN FRIEI	DL, JR. 241 I			
nt, the	18 CAUSE OF DEATH (E		line R to the of	1.				APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
٥ ٧	, IM/								
otic	DUE TO, OR AS A CONSEQUENCE OF								
0 6 /	Conditions, if ony, which ( (b) benefits					y merastore 1 - 1			
or other traumotic	gove rise to immedicouse (a), stating		OR AS A CONSEQUENCE OF						
to.	underlying couse	ost.							
ν,	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT RE	LATED TO THE TERM	IN AL DISEASE OR CONDI	TION GIVEN I	N PART Ira	
, Kuolui	N N N N N N N N N N N N N N N N N N N								
ou A	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	PERATION WAS	PERFORMED		206 IF YES, WE		
SMD	190 DATE OF OPERATION					YES NO	IN CERTIFYING		NO []
8 S	21a. ACCIDENT WAS UNDERLY				OW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I	OR PART 21	
E	00.000.000.000.00			YEAR					
or the	ON CONTRIBUTING   CAUSE  (IF EITHER NOTHY MEDICALE  21d. INJURY OCCURRED	21e PLACE C			CATION				
ope	Mulfe   NOLMHITE	(AT HOME STR	EET, FACTORY OFFICE, FAI		STREET	CITY OR TOWN	4	COUNTY	STATE
Jark	AT WORK				195	12 7/18		24	75
.52	220.1 certify that (I) (thi	111		4	67.19	death occurred on the date	19_4	2-1, th	a (II) (we) last
n 2 l		lid not) view the body	ofter death.	, and that	ny(my) doir) opinion e	seoth occurried on the date	e ond nour one		
T. If Her	276 SIGNATURE	Frent A	Huard	Pelster	ATTENDING PHYSICIAN	MEDICAL STAFF	W 🗆	22c DATE S	8787
NA.	22 PHYSICIAN'S NAME	(TYPE OR PRINT)		22e A	DDRESS A . /	1 .4	4		
MPORTANT	Howard	Colds	Tein	20	5 Ridg	ely Ave	Anv	mps/	15 KM
~	23a. BURIAL, CREMATION, REA	NOVAL 236 DATE	23c. N	AME OF CEMETER	Y OR CREMATORY	23d. LOCATION	00	UNTY	STATE
_	BURIAL	07-31	-84 F	ORT LINC	OLN	BLADENSBU			RYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

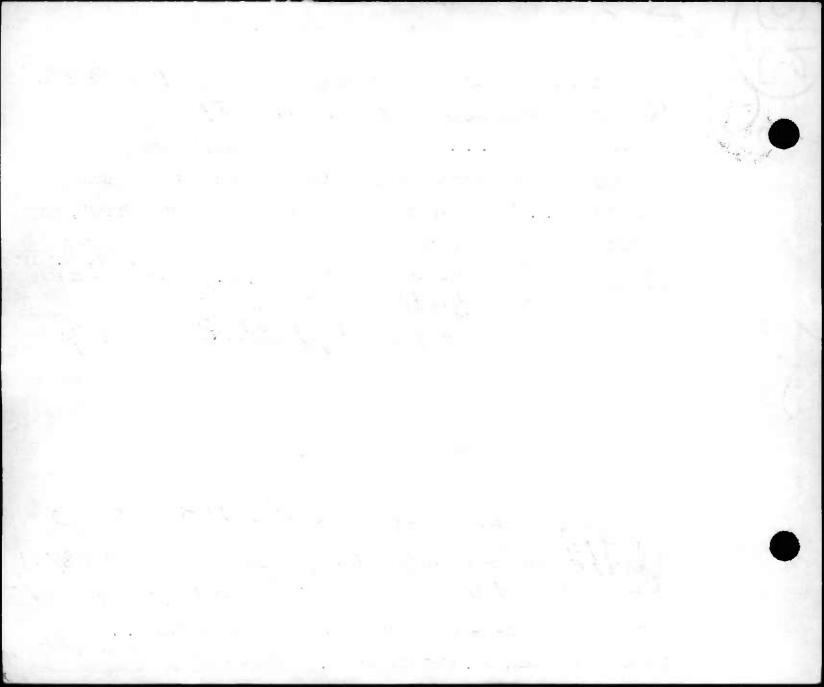
24 FUNERAL DIRECTOR

BP.

NAME ADDRES5 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

21229

250. DATE REC'D. BY REGISTRAR 2560 REGISTRAR'S SIGNAL WITH A STORY OF THE STORY OF 3



### STATE OF MARYLAND

4	7	4	6	A Se
c-G				

- STATE REGISTRAR	DEFA	CERTIFICAT		REG. NO.		
I. DECEASED NAME FIRST (TYPE OR PRINT)  WALTER	(nmi)	STEVENS		JULY 28, 1984	DAY YEAR	10:35 A
3. SEX MALE	4 RACE WHITE	5. DATE OF BIRT	H 14, 1902	6. AGE (IN YEARS LAST BIRTHOAY)  81 YRS		IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY MARYLAND	U.S.A.	WIDOWED X	DIVORCED [	P. BALTIMORE CITY OR COUNTY  A.A. COUNTY	ITY OF DEATH	ME
ANNAPOLIS	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST ANNE ARUND	EL GENERA	L HOSPITAL	CORRECTION WORKING		L GOV'T.
	R OTHER INSTITUTION, GIVE RESIDENCE BI INTY A.CO. 13c. CITY OR T ARNOLD	) 13d IN YES	-	13e STREET ADDRESS / ZIP CO 814 CLIFTON A		012
14. FATHER'S NAME FIRST HENRY	MIDDLE STEVEN	IS	SARAH	MIDDIE	DAV	is
	RMED FORCES? 16b SOCIAL S INE WAR OR DATES) 213.05			TER C. STEVENS AVE., ARNOLD, M		12
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)	OUENCE OD	e hem	of failur	CIVEN IN PART I	10.
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WH	IICH OPERATION WAS	S PERFORMED	20d AUTOPSY? 20b. IF	YES, WERE FINDI TIFYING CAUSES YES	NGS USED
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAI EXAMINE 216, INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19	OCATION STREET	CITY OR FOWN	COUNTY	STATE
AT WORK AT WORK  270.1 certify that (1) (this hasp	pital) attended the deceased fro	m 46 (6		death occurred on the date and the	nour and from the	that (I) (we) last causes stated
220. PHYSICIAN'S NAME (TYPE ASTRIDA PLUCI	OR PRINT)	1111	ATTENDING PHYSICIAN DADDRESS	MEDICAL STAFF  DIRECTOR PHYSICIAN □  HWY., ARNOLD,		012
230 BURIAL, CREMATION, REMOVA		73c. NAME OF CEMETE		23d. LOCATION		VT.ANIO

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is marked

should be detoched with the State Dept.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicio

14 FUNERAL DIRECTOR
WALTER BROOKS BRADLEY INC., BATTO., MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 1 1984 21222 1 1984 in vividon-Handell

The state of the s		
		100
	THE RESIDENCE CONTRACTOR	
The state of the s		
AUG T 1994, A LEAVE AND THE STATE OF THE STA		

TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate

retained by the hospital or offending physician.

IMPORTANT: If them 21 is marked or them 18 shows only injury, or other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the uttending objects should be detached for use as the buriot-transit permit. Then please immore containing with the State Dept. of Health and Mental Hygiene prior to buriot, crimities as removal.

2	
 4	
0	
-	

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
L DECEASED NAME FIRST	1/	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	GRET Voorhees		20	ly 25 1984 A,
Female	White	5. DATE OF BIRTH OAY 10 1900	6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 /	9 BALTIMORE CITY O	R COUNTY OF DEATH
lennsy/vania	USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	Hnne	Flrundel MC
AMZDOLLS	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS! Valeceut Home	120 USUAL OCCUPATION OF TO MEMA	ON 126. KIND OF BUSINESS OR
THE DENCE (IF NURSING HON 136 G	WE OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 134 INSIDE CITY LIMITS?	Bay Ridg	e Ave. 21403
RST	MIDDLE TO LAST	FIRST	WIDDLE	LAST
donah 160 WAS DEGEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SECU		A ADDRE	ss 195 Wrave evi
	S. GIVE WAR OR DATES)	1801 John Calu	in Voorhees	
II CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one couse per line for (a), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DIATE CAUSE (o)	vdioverpiratory	auvest	Uminutes
	DUE TO, OR AS A CONSEQU	atheroscleprotic	Carrett	10 00
Conditions, if ony, which gove rise to immediate couse (a), stating the	- 1		edvale vasul	and seese 10 years
underlying couse lost	(c)			
PART 2 OTHER SIGNIFICA	nt conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PART 11a
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
RIFE			YES NO.	YES NO
00.00.00.00.00.00		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAM	Dample ATTE	19		
OKCONTRIBUTING CAUSED  (IF EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WMILE AT WORK AL WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM EIC ) 211 LOCATION STREET	CITY OR TOV	WN COUNTY STATE
22a.1 certify that (1) (this h	ospital) attended the deceased from	1/13 19 80	10 7 2	, 19 54 , that (1) (we) lost
sow the deceased alive above, (I) (we) (did) (did	e on	ond that in (my) (our) opinion	deoth occurred on the do	te and hour and from the causes stated
22b. SIGNATURE	E. Selonich, M.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
224 PHYSICIAN'S NAME (T		22e ADDRESS	3 mileton J misic	4
Strant	- Citrii	(m.o. 51 Fraul	klin Str A	Annapolis Md.
230 BURIAL, CREMATION, REMO	7/28/84 11	NAME OF CEMETERY OR CREMATORY	ST JOHNSON D	org Elt P.
24 FLINERAL DIRECTOR	10/2 / PADDESS	1 1 250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

William Control of the Control 2 Page Section to the 189 C

mpletely filled in by the ond 2 should be filed

Poges

George

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

# STATE OF MARYLAND

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

REG. N	10.		
DATE OF DEATH	MONTH	DAY	YEA

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

ADDRESS

Jackson

STATE

REGISTRAR			CERTIFICATE OF DE	AIN	REG. NO.				EAT		
1. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH MO	NTH D	AY YE	AR Zb	HOUR	?	
(TYPE OR PRINT)	LOAR	MAY	STILLMAN		JULY	23,	, 198	34 (	0118	8 R	
3. SEX		4. RACE	S. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHD	AYI	IF UNDER I	YEAR IF	UNDER 2	4 HRS	
Female		White	Aug. 25, 1	900	83	YRS.	ONTHS	DAYS	OURS	MIN.	
	ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	BOKE [	9 BALTIMORE CITY OR C	OUNTY	OF DEAT	Н			
North Car	olina	U.S.A.		RCED	ANNE ARI	UNDE	COL	INTY		MD	
10 CITY OR TOWN C	OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTIT	UTION	12a USUAL OCCUPATION		12b. KII	ND OF B	USINES	SSOR	

GLEN BURN	HE	NORTH	ARUNDEL HOSP	TTAL	Homemaker	Own Home
13a STATE	1136 COUN	ITY	GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Glen Burnie		13e STREET ADDRESS / ZIP CODE 7633 Ninth Court	21061
14 FATHER'S NAME	,	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	IASI

Nancy

No	111	11	212/54/8966	Mrs.	Kathlee	en Potter (Daughter	) Same	as	#13
PART I. DE ATH W		Y:	er line for (0), (b), and (c).)	in	an	eit	BETWEEN	ONSET AN	ERVAL ND DEAT
Conditions, if any, gave rise to imm	rediate	(b)_	OR AS A CONSEQUENCE OF	14	cuite	mt	1/3-1	an	
cause (a), statin underlying cause		DUE TO,	OR AS A CONSEQUENCE OF	0-		4. +X	140		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTO		206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA		
			YES 🗌	NO	YES 🗌	NO [	
	23b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NA	TURE OF INJUR	IN ITEM 18 PART I OR PART 2)		

(IF EITHER NOTIFY MEDICAL EXAMINER) 714. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STREET

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from

	tow the less of old	Shiew for b	ody after death	1984	, and that in (n	ny (our) opinion	death occurred	on the date and l	haur and from the causes st	olec
27h.	SICHATURE	0		0.	DEGREE		-1-		22c. DATE SIGNED	

7845 OAKWOOD DOAD

			JTJ (	CLUCIIIOOD	NORW, HZOU
DAVID A. SCI	WARTZ M.D.	GLEN BUT	INIE	MARYI /	ND 21061
30. BURIAL, CREMATION, REMOVAL	73b. DATE	23c. NAME OF CEMETERY OR CREMATORY		LOCATION CITY OF TOWN	COUNTY

Jul.27,1984 Glen Haven Mem. Prk. Burial 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

After this certificate has bee

O FUNERAL DIRECTOR. should be detached with the State Dept. MPORTANT

18 shows unol-transit p

CERTIFICATION

MEDICAL

Glen Burnie, Md. Singleton Funeral Home

Gulia Davidson Randale

1000

of the same way

TATACSON GROWING TO SOME BIND A SOUT

THE PERSON STATE

311/1

ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon euperswith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR - STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	10.	7	
	ECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	2 OKPRINI)	Lou	is	Stolp	er	07-	30-84		1:40P M
1 5	X	4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
100	male	c	V	04	-02-98 YEAR	86	YRS.	TH5 DAYS	HOURS MIN
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	В	- C NEVER WARRIED C	9. BALTIMORE CITY		FDEATH	
	Austria	1	ISA	WIDOW	DXX NEVER MARRIED L	Anne A	rundel		MD
10.0	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
A	nnapolis		lis Conval		nt Center	shipping			o.parts
-05L	JAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e, STREET ADDRESS			/ 2 2
,,,,,	MD	AA	Annapoli		YES NO	854 Inverr	ary Cou	rt 1	1401
14. F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		Ψ	
	FIR5T	MIDDLE	Stople	n	Rebecca	MIDDLE		LAS	gel
	WAS DECEASED EVER IN U.S		166 SOCIAL SECUR		17 INFORMANT	Q E (ADDR	ess nverra	VO.	gel
	(YES, NO OR UNKNOWN) (IF YES	s, GIVE WAR OR DATES)	050-14-5	698	Frances Sto				21401
-	18 CAUSE OF DEATH (Ent	er anly one couse per			Plances Sto	pier an	парил		MATE INTERVAL
	PART I. DEATH WAS CA	AUSED BY:	SHI	an	0			7/6	5/82
	IMME	DIATE CAUSE (0)					19-12		1 11/
111	Conditions, if any, which		R AS A CONSEQUE	NCEOF					
	gove rise to immediat	e					150-15		
	underlying couse last		R AS A CONSEQUE	NCE OF					
	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	7)
Z									1,400
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	NGS USED
Ē		Teach States				YES TO NOT	IN CERTIFYIN		OF DEATH?
G.	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE				
	OR CONTRIBUTING CAUSE C	PEAIN	.M. MONTH DA M.	Y YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
×	WHILE NOT WHILE T	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (this-	nespite≯ attended th	deceased from	7	16 1984	to 7/	3/2 10	84	that (terms) last
	saw the deceased aliv	e on 7/	7-5 108	4 .	nd that in (my) (aux) apinion	death occurred on the d	ate and haur or	9	
	22b. SIGNATURE	d not) view the body	offer death.	-	DEGREE			122c DATE	SIGNER
	11/1/	100/1		720	ATTENDING PHYSICIAN	MEDICAL STA	FF	7/3	S/ 800
	226. PHYSICIAN'S MAME (T	YPE OR PRINT)	nuy		22e, ADDRESS	J DIRECTOR   FITTS	CIAN	5	7
	IK.T.	Hoch		Lil	16 hece 00	so Au	Alena	. 4.	10
23a.	BURIAL, CREMATION, REMO	VAL 236, DATE	23c N	AME OF C	EMETERY OR CREMATORY	23/ LOCATION	/ CCVIII	1	
	(SPECIFY) Burial	8/1/			David	CITY OR TOWN		UNTY	STATÉ
24 F	UNERAL DIRECTOR	0/1/			25a. DATI	Arlingt EREC'D. BY REGISTRAR	250. DEGISTRAL		VRE
ц	ardesty Fun	onel Hem	12 Ri	dgel	y Aye, EM	3 1 1984	Funa Dav	(dson-h)	anache
1.11	ar desty full	eral don	Ann		. / 1411 1 00	~ ~ .	J.		

AND STREET STREET

requires that the death certificate be executed within 24 hours ofter death. Page 4

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or offending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical exam

notified of

must be

Burial

# STATE OF MARYLAND

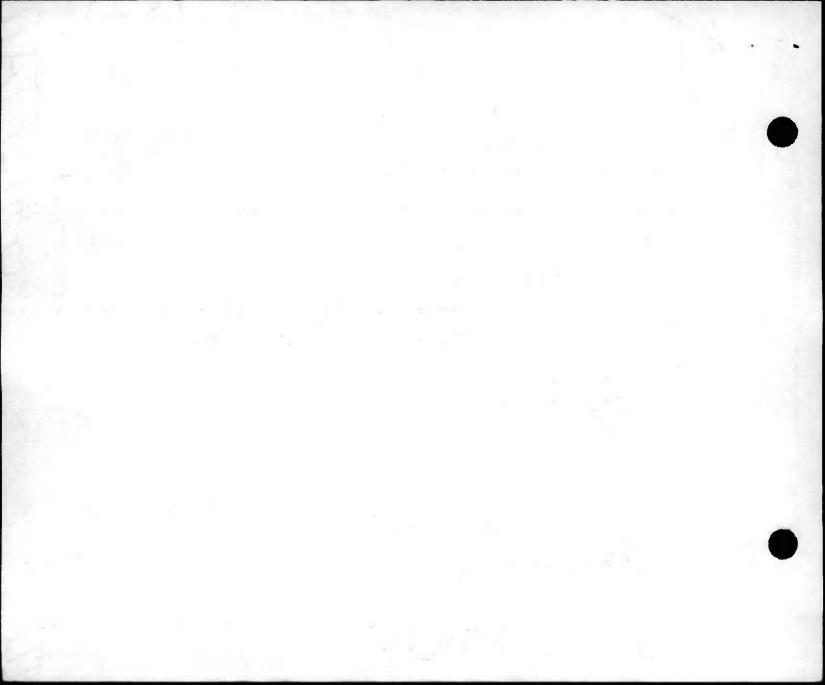
1.	FOR STATE	DEPAI		EALTH AND MENTAL HYG	IENE C			פרונד	n
'	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	٥.		EDI	
	CEASED NAME FIRST DOROTH	Y LOUISE	STOLZE	AST	20 DATE OF DEATH	18,	1984	26. HOU	PM M
3 SE	Х	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER	-
	Female	White	Feb.	22, 1898 YEAR	86	YRS	MONTHS! DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTR	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O ANNE ART		Y OF DEATH		
. C	hio	U.S.A.	WIDOWE	D DIVORCED			COUNTI		MD.
(	GLEN BURNIE	NOR THE ARUNDER	FOSPIT		126, USUAL OCCUPATI (TYPE OF WORK FOR MOST O  HOMEMAKEY	F WORKING LI	industry Own I		SS OR
13a.	STATE 13b COU			13d. INSIDE CITY LIMITS? YES NO 🔯	13e STREET ADDRESS A	zip cod d Roa	∉ ad (Ferno	dale)	2106
14. F.	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA/	ME		143	SI	
	Franz	Zitzma	nn	Barbara	0.		Phili	lips	
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS			
	No //	/ / / 212/46	/8528	Mr. George A	. Stolze (Hu	ısband		as #	13
AL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE ALL TO THE CONDITION FOR WHILE ALL THE CONDITION FOR WHI	IO DEATH BUT	NOT RELATED TO THE TERM  WAS PERFORMED  216 HOW INJURY OCCURE	200 AUTOPSY?	20b. IF YE IN CERTI	S, WERE FIND! IFYING CAUSES ES [	a NGS USEI	TH?
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE   AT WORK   AT WORK   NOT WHILE   AT WORK   AT WO	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI intal) oftended the deceosed fro	m, on	211 LOCATION STREET  19 d that in (my) (our) opinion of the control opinion of the control opinion of the control opinion of the control opinion opini	deoth occurred on the de	gote and ha	SUITE 2	that (1) (s	
23a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTY		TATE
	(SPECIFY) Burial	Jul.21,1984 G	len Hav	en Memorial P	rk. Glen Bu	ırnie	A.A.	Mo	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Singleton Funeral Home Glen Burnie, Maryland

Jul.21,1984 Glen Haven Memorial Prk. Glen Burnie

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1111 2. 1 1091 Fulia Davidson-Randolle.



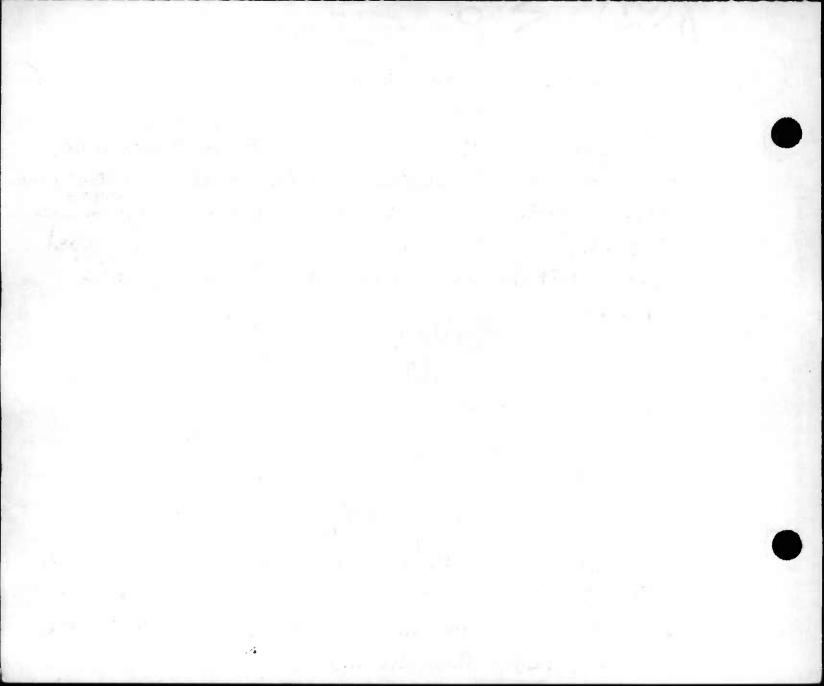
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the bundi-transit permit. Then please carbonapapers. Pages 1 and 2 should be filled within 72 hours at with the State Degs, of Mealth and Mental Hygiene prior to build, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT; if then 21 is marked at item 18 shows any injury, or other traumatic event, the medical beamfiled

### STATE OF MARYLAND DED ADTMENT OF MEALTH AND MENTAL HYCIENE


\$	1-	FOR STATE	DEPART		ALTH AND MENTAL HY	GIENE O	1 7	3	.5 0
		REGISTRAR				REG. N			
		EASED NAME FIRST	WIDDLE	LA	51	20 DATE OF DEATH	MONTH DAY	YEAR 2	h. HOUR
	100.00	Clude	Leon	Stro	iubel	0	7-08	-841	2215 M
	1. SEX		4 RACE	S. DATE OF		6 AGE (IN YEARS LAST BIR		A SECTION ASSESSMENT	IF UNDER 24 HRS
1		MALE	WHITE	MONTH	7-03-06	7	7 YRS MON	THS DAYS	HOURS MIN.
Tu	7a. B10	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH	
7	W	chigan	1050	WIDOWED	-	1 Anna	Anu ma	106	AMD AND
1	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			12a USUAL OCCUPAT	ION	12h KIND OF	BUSINESS OR
B	n.	22222116	(IF NOT IN SUCH FACILITY, GIVE STREE	( ADDRESS)	4111-	OF OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	
6	USUA	L RESIDENCE OF HURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	enal Hospita	II WETILEG			Lourd
V)	13e. 5		NITY BE CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2140.	3
_		110 14	Hinap		YES NO	11 201 1700	Rida	6 HAL	enue
И	^	THER'S NAME	MIDDLE LAST		IS, MOTHER'S MAIDEN N	MIDDLE	0	LAST	1
T#	H	ugustus	Straub	0	Freida		St	raul	lec
	16e V	ASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	iss Sa	ime as	3
/	1	Tes 1929	1-1947 553-40	2933	Lucilett	Straubel	-	<b>E14</b>	
-		18 CAUSE OF DEATH (Enter or	inly one cause per line for (a) Ab), a	nd (c).)				APPROXIM/	ATE INTERVAL
	ш	PART 1. DEATH WAS CAUSE	ED BY:	m K Ca	idevoare.	money .			
	Н	IMMEDIA	TE CAUSE (a)			- /#			
	ш		DUE TO, OR AS A CONSECU	JEHCE OF	HASC.IA				
	ш	Conditions, if any, which gave rise to immediate	(b)	17	11114011				
	ш	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	A P.	01.0.			
		anderlying couse lost.	(c)	יז כן ני	1 1000	a faire			
	١	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART Tra	
.0	ģ		Senny.						
7	CATION	190 DATE OF OPERATION	196 CONDUITION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, W	ERE FINDING	SS USED
7			-			YES T NOX	YES		NO []
	CERTIF	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (INTERNATURE OF INJU	RY IN ITEM TE PART	OR PART 2)	
1	100	OR CONTRIBUTING CAUSE OF DE							
/	WEDICAL	(IF EITHER NOTHY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC )	STREET	CITY OF TO	)WN	COUNTY	STATE
	7	AT WORK		-	30		8	cr/	
	ı		oital) attended the decraped from	19	17	. 10	19_	14 th	(we) last
		saw the deceased alive an	at) view the bady alter death.	, and	d that in (my) (aur) apinia	n death occurred an the d	ate and hour an	id from the co	juses stated
		22b. SIGNATURE	. 0	, D	EGREE			22c. DATE SI	IGNED
,		Mail	ed to take	en L	ATTENDING PHYSICIAN	MEDICAL STA		7/8	1/1/
/		224 PHYSICIAN'S NAME (TYPE O	ON PRINT)	TELL	22e ADDRESS	DIRECTOR LI PHISK	A	1 ./ -	1 4/1
1		Martha	1 Cotostas	14.10	and the second	DAINGS	A116	Anina	PN 1 Md
_		MICHANEL -	- i cu reistri	MI)			1.416	7,70,011	, 50 , 10 .
	10	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	11 0	OUNTY	NATE
	10	unial	July 12,1984	Lak	emont	Davidso	nville	HH	WD_
	24.50	NERAL DIRECTOR	ADDRESS		25a D/	ATE REC'D. BY REGISTRAR	/ /	1	7 6
-	110	1 - 1	Ch. I Ch.	1	m	1111 2 1021	1000	Mar Irens	1-1,UN 10.



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page

retained by the hospital or attending physician.

BP.

# STATE OF MARYLAND DE

PARTMENT OF HEALTH AND MENTAL HYGIENE	8	4	1	/	7
CERTIFICATE OF DEATH		REG. NO.			

1 DE					LAST			REG. NO.  2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUL				
	CEASED NAME	FIRST	,	WIDDLE	ŁA	ist	20.	DATE OF DEATH	HINOM	DAY YE	AR	b. HOUR
		Andre	W	James	St	ubler		Ju	ly 8,	1984		7%
3. SEX	Х		4 RACE		5. DATE O			GE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1		FUNDER 24
,	Male		White		May	25, 1907		77	YRS		DAYS	HOURS A
To. BIRTHPLACE (STATE OR FOREIGN		OR FOREIGN		WHAT COUNTRY?	8.	_	9. B	ALTIMORE CIT			ГН	
	COUNTRY				WIDOWE	NEVER MARRIED		Anne Ar	undel			
				-		R OTHER INSTITUTION		USUAL OCCUP		12b. KI	ND OF	BUSINESS
100			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TY	PE OF WORK FOR MO		LIFE) INDUS	STRY	
	AL RESIDENCE IFN	IREING HOME OR		rergreen			1	Engineer		ATI	.1ea	Chem
13a. S	STATE	13b. COUN	YTY	13c. CITY OR TOW		13d. INSIDE CITY LIMI		STREET ADDRES				
	aryland	Anne	Arundel	Severn	- 1	YES NO		782 Ever	green	Road	2	1144
14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDLI			LAST	
	Jame	S		Stubl	er	Lena	100			U	nKn	own
	VAS DECEASED EV		MED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT		ADI	DRESS			
17	Yes	W.W.		212/18/4	928	Phyllis 3	J. E1	Liott (D	aughte	er) S	ame	as #
	18 CAUSE OF DE	ATH (Enter on	ly one couse per					۸ .	,		PPROXIMA	ATE INTERVA
	PART I. DEATH	WAS CAUSE		lige for (a), (b), an	well	Prence	= h	nedia	Minic			mo
	gove rise to couse (o), sto		DUE TO, OI	EACONSEQU	his	ema	/					
ATION	couse (o), sto	ofing the use lost.	(c)	ONTRIBUTING TO		NOT RELATED TO THE		DISEASE OR CO	20b. IF Y	res, were f	INDINO	
TIFICATION	couse (o), sto underlying cou	ofing the use lost.	(c)	ONTRIBUTING TO			- 1		20b. IF ) IN CER		INDINO	
CERTIFIC	PART 2 OTHER SI  19a. DATE OF OPEI  21a. ACCIDENT WAS: OR CONTRIBUTING	of the state of th	196 CONDITIONS CO	DNTRIBUTING TO	OPERATION			On AUTOPSY?	20b. IF Y	YES, WERE F TIFYING CA YES [	INDING USES C	F DEATH?
	Couse (o), steunderlying could part 2 OTHER SI 19a. DATE OF OPEI 21a. ACCIDENT WAS OR CONTRIBUTING [ (IF ETHER, NOTIFY M.	IST ON THE STATE OF THE STATE O	196 CONDITIONS CO	DNTRIBUTING TO	OPERATION	N WAS PERFORMED		On AUTOPSY?	20b. IF Y	YES, WERE F TIFYING CA YES [	INDING USES C	F DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SI  19a. DATE OF OPEI  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTHY M  21d. INJURY OCCU	ONIFICANT CONTROL OF THE PROPERTY OF THE PROPE	196 CONDITIONS CO	DNTRIBUTING TO	AY YEAR	N WAS PERFORMED		OG AUTOPSY?  (ES NO ( ENTER NATURE OF 1)	20b. IF Y	YES, WERE F TIFYING CA YES [	INDIN ( USES C	F DEATH?
	PART 2 OTHER SI  19a. DATE OF OPEI  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCCI AT WORK  AT	ONIFICANT CONTROL OF THE CONTROL OF	19b CONDITIONS CO	ONTRIBUTING TO  ITION FOR WHICH  IF INJURY  M. MONTH D  M.  OF INJURY  REET, FACTORY, OFFICE, I	AY YEAR  19 FARM, ETC.)	2)t. HOW INJURY OF		OG AUTOPSY?  (ES NO ( ENTER NATURE OF 1)	20b. IF Y IN CER	YES, WERE F TIFYING CA YES S B PART I OR PAI	INDING USES C	PF DEATH?
	PART 2 OTHER SI  19a. DATE OF OPEI  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCCI AT WORK  22a.1 certify that	STATION  UNDERLYING CAUSE OF DEA	19b CONDITIONS CO	ONTRIBUTING TO  ITION FOR WHICH  IF INJURY  M. MONTH D  M.  OF INJURY  REEL FACTORY, OFFICE.	AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF I	200. IF Y IN CER	(ES, WERE F TIFYING CA YES D E PART I OR PAI	INDING USES C	PF DEATH? NO STAT
	PART 2 OTHER SI  19e. DATE OF OPEI  21e. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M  21d. INJURY OCCU  WHILE NOTIFY M  22e. I certify that sow the dece obove, (1) (wee	GNIFICANT C  GNIFICANT C  GNIFICANT C  CAUSE OF DEA  EDICAL EXAMINER  JRRED  WHILE  (I) (M.)  Speed olive on	19b CONDITIONS CO	ONTRIBUTING TO  ITION FOR WHICH  IF INJURY  M. MONTH D  M.  OF INJURY  REEL, FACTORY, OFFICE, I	AY YEAR 19 FARM, ETC)	211. LOCATION STREET  214 that in (my) ( ) op	CCURRED	(ENTER NATURE OF I	200. IF Y IN CER	COUN  COUN	INDINGUSES C	STAT
	PART 2 OTHER SI  19a. DATE OF OPEI  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCCU WHILE NOTIFY M 22a. I certify that saw the dece	GNIFICANT C  GNIFICANT C  GNIFICANT C  CAUSE OF DEA  EDICAL EXAMINER  JRRED  WHILE  (I) (M.)  Speed olive on	196 CONDITIONS CONDITI	ONTRIBUTING TO  ITION FOR WHICH  IF INJURY  M. MONTH D  M.  OF INJURY  REET, FACTORY, OFFICE, I  ofter death.	AY YEAR  19  FARM, ETC.)	211. HOW INJURY OF 211. LOCATION STREET  d that in (my) ( operation operation)	CCURRED	OR AUTOPSY?  (ENTER NATURE OF I	20b. IF Y IN CER NJURY IN ITEM 1	COUN  COUN	INDING USES C	STAT
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	PART 2 OTHER SI  19a. DATE OF OPEI  19a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTHY M  21d. INJURY OCCU WHILE ATT ATT  22a. Leetify that sow the dece obove, (1) (we in the dece	GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (    GNIFICANT (    GNIFICANT (    GNIFICANT (    GNIFICANT (    GNIFICANT (     GNIFICANT (     GNIFICANT (     GNIFICANT (     GNIFICANT (      GNIFICANT (      GNIFICANT (      GNIFICANT (       GNIFICANT (       GNIFICANT (         GNIFICANT (         GNIFICANT (          GNIFICANT (	19b CONDITIONS CONDITI	ONTRIBUTING TO  ITION FOR WHICH  IF INJURY  M. MONTH D  M.  OF INJURY  REET, FACTORY, OFFICE, I  ofter death.	AY YEAR  19  FARM, ETC.)	211. LOCATION STREET  d that in (my) ( or op)	PING MING	COLUMN OCCUPED ON THE	206. IF Y IN CER  NJURY IN ITEM 1  R TOWN  Code ond h	COUN  COUN	INDINGUSES C	STAT
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WEDICAL 230. 8	PART 2 OTHER SI  19e. DATE OF OPEI  21e. ACCIDENT WAS: OR CONTRIBUTING (IF EITHER, NOTIFY M  21d. INJURY OCCI  WHILE NOTIFY M  22e. I certify that sow the dece obove, (1) (we  111 SIGNATURE  12 PHYSICIAN'S  DY. GAY  SURIAL, CREMATIO	GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (   GNIFICANT (    GNIFICANT (    GNIFICANT (    GNIFICANT (    GNIFICANT (    GNIFICANT (    GNIFICANT (     GNIFICANT (     GNIFICANT (     GNIFICANT (     GNIFICANT (      GNIFICANT (      GNIFICANT (      GNIFICANT (       GNIFICANT (       GNIFICANT (         GNIFICANT (         GNIFICANT (	196 CONDITIONS CONDITI	ONTRIBUTING TO  ITION FOR WHICH  IF INJURY M. MONTH D M.  OF INJURY REET, FACTORY, OFFICE.  e deceosed from 19 ofter death.	AY YEAR 19 FARM, ETC)  W.P.  NAME OF CE	211. LOCATION STREET  214. LOCATION STREET  216. HOW INJURY OF STREET  217. LOCATION STREET  218. ATTENDI PHYSICI 228. ADDRESS  104. Forbes EMETERY OR CREMAT ON Natl. Ce	pinion deot  ING ING S S S T ORY	CITYON CONTROL OF INC.	206. IF Y IN CER  NJURY IN ITEM 1  R TOWN  A dote ond h  TAFF SICIAN   est Ann  con	COUN  COUN	INDINCIUSES COUNTY  TY  And the county of th	STAT  of (I) (  ouses stote  GNED  1401  rgini

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directar, paging the detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after diwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

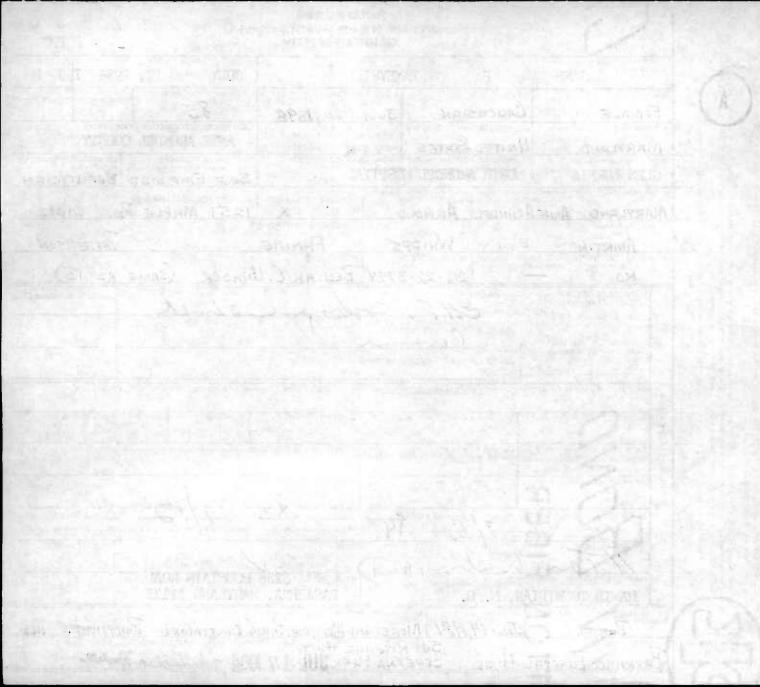
0	1-	STATE				CERTIF	FICATE OF DEATH	REG. NO	0		EDT
	1. DEC	EASED NAME	FIRST		MIDDLE		LAST	110-711	MONTH	DAY YEA	2b HOUR
		OR PRINTS	RGARET	ELI	LEN S	WAUGER		JULY :	13, 1	984	335 P
	3. SE)	(	4.	RACE			OF BIRTH	6. AGE   IN YEARS LAST BIR	THDAY)	IF UNDER 1 Y	
		Female	- 2	Cauca	sian	Jun	ne 21, 1920	64	YRS.	MONTHS D	AYS HOURS
21	70 BIRTHPLACE (STATE OR FOREIGN		FOREIGN 7		WHAT COUNTRY	(2 8.	ED NEVER MARRIED	9. BALTIMORE CITY O			
22	Maryland			11	SA	WIDOWI		ANNE ARUNDE		NDEL COUNTY	
77	ID CITY OR TOWN OF DEATH			1. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATE		126. KIND OF BUSIN	
04	GI	EN BURNIE		NORTH 7	RUNDEL"	HOSPIT	AL	Housewife			n Home
01	USUA 13a. S	L RESIDENCE (IF NUR	13h. COUNT		GIVE RESIDENCE BEFO		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		)F	
95		Md	AA		Severn		YES NO X	917 Reece			4
EN	14. FA	THER'S NAME	441	DDIE	LAST		15. MOTHER'S MAIDEN NA				LAST
DU		Roy	mi	DULE	Beeman	- 14	Bethea	MiDDLE		Bro	
3		AS DECEASED EVE			166. SOCIAL SEC		17. INFORMANT	ADDRE	ESS	100	
	1,	ES NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	215-80-	1026	Donna Blevins	484 Nolpar	k Dr.	,Glen	Burnie
		18 CAUSE OF DEAT	TH (Enter only	one cause per			Λ			BETW	PROXIMATE INTERVEEN ONSET AND
		Conditions, if ony gove rise to im couse (o), static	mediote ing the	DUE TO, O	R AS A CONSEQ	pis					
months of other months of the	NO	gove rise to im couse (a), stati underlying caus	y, which imediate ing the e lost.	DUE TO, O	Jego RASA CONSEO OLALLE	UENCE OF	T NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION G	VEN IN PAR	T No.
ows only infoly, or office modificate events	TIFICATION	gove rise to im couse (a), stati underlying caus	y, which mediote ing the e lost. SNIFICANT CC	DUE TO, O	AS CONSECUTION TO	D DEATH BUT	T NOT RELATED TO THE TERM ON WAS PERFORMED	MINAL DISEASE OR CON  200 AUTOPSY?  YES \[ NO \[ NO \[ NO \]	20b. IF YE	ES, WERE FI	NDINGS USED
and the state of t	CAL CERTIFICATION	gove rise to im couse (a), state underlying cous	y, which imediate ing the e lost. SNIFICANT CO	DUE TO, O  DUE TO, O  LET  DIVIDITIONS CO  196 COND  216 TIME C HOUR A	CONSECUTION FOR WHICE	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YE IN CERT Y	ES, WERE FII IFYING CAU	NDINGS USED ISES OF DEATH NO
And of the state o	MEDICAL CERTIFICATION	gove rise to im couse (o), stati underlying cous  PART 2 OTHER SIG  19a DATE OF OPER/  21a, ACCIDENT WAS UP OR CONTRIBUTING  (IF ETIMER, NOTIFY MED  21d INJURY OCCUR	y, which imediate ing the e lost.  SNIFICANT CC  ATION  ACTION  CAUSE OF DEATH DICAL EXAMINER)  TREED  WHILE	DUE TO, O  DUE TO, O  DUE TO, O  ONDITIONS CO  196 COND  216. TIME C  HOUR A  P.  216. PLACE	ONTRIBUTING TO	D DEATH BUT CH OPERATIO DAY YEAR	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YE IN CERT Y RY IN ITEM 18	ES, WERE FII IFYING CAU	NDINGS USED ISES OF DEATI NO [
s morked or nem to show sony injury, or officer monifold, event		gove rise to im couse (o), stati underlying caus  PART 2 OTHER SIG  19a DATE OF OPER/  21a. ACCIDENT WAS UNDERCONTRIBUTING [IF EITHER, NOTIFY MED  21d INJURY OCCUR  WHILE [IF NOTIFY NO	y, which imediate ing the e lost.  SNIFICANT CC  ATION  NORRLYING  CAUSE OF DEATH SIC ALEXAMINER) REED  WHILE  ODER	DUE TO, O  DUE TO, O  LET  DIDITIONS CO  196 COND  196 COND  216 TIME C  HOUR A  P.  216 PLACE  LAT HOME, ST	ONTRIBUTING TO	DEATH BUT CH OPERATIO DAY YEAR 19	21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	206. IF YE IN CERT Y IRY IN ITEM 18	ES, WERE FII IFYING CAU 'ES PART I OR PAR	NDINGS USED ISES OF DEATI NO [
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STATE OF MARYLAND

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3	O TO	se os ealth	mari
	Spitol	L for L	21 6
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 ma	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral defends should be detached for use as the buriol-strangit permit. Then labore remove unbandable in page. I and 2 though be filled within 72 hauses with the State Deet, of Health and Mental Hygiene prior to buriol compation, or removal.	IMPORTANT: If them 21 is marked or Item 18 shows any injury, as other trainment event, the medical evaluation and fad or other
	PITAL by th	ERAL Stote	NA.
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					STATE OF MARYLAND	CT	1 7 11 5 5
		1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	EDT
	100	1 DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 76 HOUR
1			JANE	F TA	NEYHILL	JULY	12, 1984 750 PM M
2 2K	1	3. SE	(	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	
	/	F	EMALE	CAUCASIAN	July 20, 1898	85	YRS DAYS HOURS MIN.
72 P	25	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED M DIVORCED	ANNE ARU	NDEL COUNTY MD
at de constant de	10	10. CI	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATIO	
1 1 1	1/4	1	LEN BURNIE AL RESIDENCE (IF NURSING HOME OR	NORTH ARUNDEL F	OSPITAL	1 1 1 1 1 1 1	LOYED BEAUTICIAN
Alled out to	30	136. 5	TATE 136 COUN		/N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	
within fortely of 2 sh	100	14. F.A	THER'S NAME	MIDDLE LAST	13. MOTHER'S MAIDEN N	MIDDLE	S) LAST
Comp Comp	NU	16a V	MARTIN VAS DECEASED EVER IN U.S. AR	MHIPT	PS FANNIE  JRITY NO. 17, INFORMANT	ADDRE	SS KATTERSON
be exe	1			216-22-	3794 BEULAH C.	UNHOCK (	SAME AS 13)
dicote physici paper paper	di i			nly one couse per line for (a), (b), and (D) BY:	Conda in a	5/201	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the series of th	alic e		IMMEDIA	DUE TO, OR AS CONSEOU	ENCE OF		
at the deol	other traum	×	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
signed There	injury, ar	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMIN AL DISEASE OR COND	DITION GIVEN IN PART I to
he low roon. on. has bee	Auo smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
physicic physicic rrificate ol-transit tal Hygin	Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
PHYSIC tending the burie	ed or Ite	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOV	WN COUNTY STATE
Lor of or of	s mark			ital) attended the deceased from	198	5.10 7/18	3 . 19 8 4 , that (11 (we) last
R ATTER hospito RECTO ed for pt. of h	em 21		saw the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	at) view the body after death.	DEGREE	n death occurred on the da	te and have and from the causes stated
AL DIR	= 1		Hian	holm	ATTENDING PHYSICIAN		
O HOSPITA etained by TO FUNERA should be d	ORTAN		224 PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN PH		PASADENA,		OAD 122
retain TO F Shoul	₹		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP	-		BURIAL UNERAL DIRECTOR		ERELAND MEMORIAL PAT	RK BALTIMOR	W
DHMH - 16 50M 4 (VRA 15, 4)	1/83	8	ARRANCO FUNERA		RITCHIE HWY. 130.D.	1984 Julia Da	Vidson-Abridade
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DHMH - 16 50M 4/83

(VRA T5, 4)

11.	FOR STATE			HEALTH AND MENTAL HYG	SIENE O	1	
Ŀ	REGISTRAR		CERTII	FICATE OF DEATH	REG. N	0.	
	CEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
1116	Willia	lm	D. Te	enle Dr.	0	7-07-8	4 5:40P
3. SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BE		
	M Male	Wh	rite non	17 - 71 - 14	1	9 YRS MONTHS DA	YS HOURS MIN
			WHAT COUNTRY? 8	7-801-7-7	9 BALTIMORE CITY	OR COUNTY OF DEATH	
	sh. D.C.	US	MARRIE	ED NEVER MARRIED VED DIVORCED 1	Anne Aru	lobe	
	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME		12a USUAL OCCUPAT		D OF BUSINESS C
		(IF NOT IN SUC	CH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUST	RY
	napolis AL RESIDENCE (IF NURSING HOME OR		rundel General		Retired	1 05	Gov't
13a	STATE 136 COUN	ITY	13c. CITY OR TOWN	138. INSIDE CITY LIMITS?	13e.STREET ADDRESS		
	- 0	Arundel	Gambrills	YES NO X		rhaven Drive	e 21054
14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST
1	Alva D.	Te	eple	Ida	Mae	Wooden	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	
1	no	t war Or Dates)	578-09-2339	Elizabeth A.	Blake	same as 1	3e
F	18. CAUSE OF DEATH (Enter on	lu ona coura nar					ROXIMATE INTERVAL EN ONSET AND DEAT
	PART I. DEATH WAS CAUSE	D BY:	line for to ta ta ona to	c/ma-			
1	IMMEDIAT	E CAUSE (o)	6/10/3/4	1/27/		d//	Min
		DUE TO O	R AS A CONSEQUENCE OF				
1	Conditions, if ony, which	1					
1	gove rise to immediate	(b)					
	couse (o), stoting the	DUE TO, OF	R AS A CONSEQUENCE OF				
	underlying cause lost.	( (c)					
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	Na
o							
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
문					VES TO NOTE	IN CERTIFYING CAUS	
- 1	210. ACCIDENT WAS UNDERLYING	1 21b. TIME O	AC INTHIDY	21c HOW INJURY OCCUR	YES NOTE	YES _	NO 🗌
	OR CONTRIBUTING CAUSE OF DEA	Time in a	M. MONTH DAY YEAR	ZIC HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART   OR PART	21
M	(IF EITHER NOTIFY MEDICAL EXAMINER		M. 19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION	CITY OR IC	OWN COUNTY	STATE
Ž	WHILE NOT WHILE	(AT HOME STR	REET FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TO	JWN COUNTY	STATE
	AT WORK		-	84	1.6	73	
	22a 1 certify that (I) (this hospi		deceosio non	190	. 10		that (l) (we) l
1	sow the deceosed olive on obove, (I) (we) (did) (did no	t) view the body	ofter death.	and that in (my) (evr) opinion	death occurred on the d	ote and hour and from	the couses stated
	226. SIGNATURE	1	,	PEGREE		22c. D/	ATE SIGNED
	1 /1/21	enl	- 5. WATIC	ATTENDING PHYSICIAN E	MEDICAL STA		7/7
1	224 PHYSICIAN'S NAME LITTE O	R PRINT L		22e ADDRESS			
		m			dral St., A	nnapolis M	aryland
	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
	Burial	July 1	1 1984 Cedar I	Hill Cemeterv	Suitlar		Maryl
24. F	UNERAL DIRECTOR		Annapolis Road			RITS REGISTRAR'S SIGN	LATURE
Be	all Funeral Hom		Bowie, Mar		1 3 1984	isha Davidson	physical
INC	COTT LATER OF MOU		DOMTE MIST	A Trent of	1001	4	

STATE OF MARYLAND

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should be detached for use or with the State Dept. of Health O FUNERAL DIRECTOR:

DHMH - 16 50M 4/83

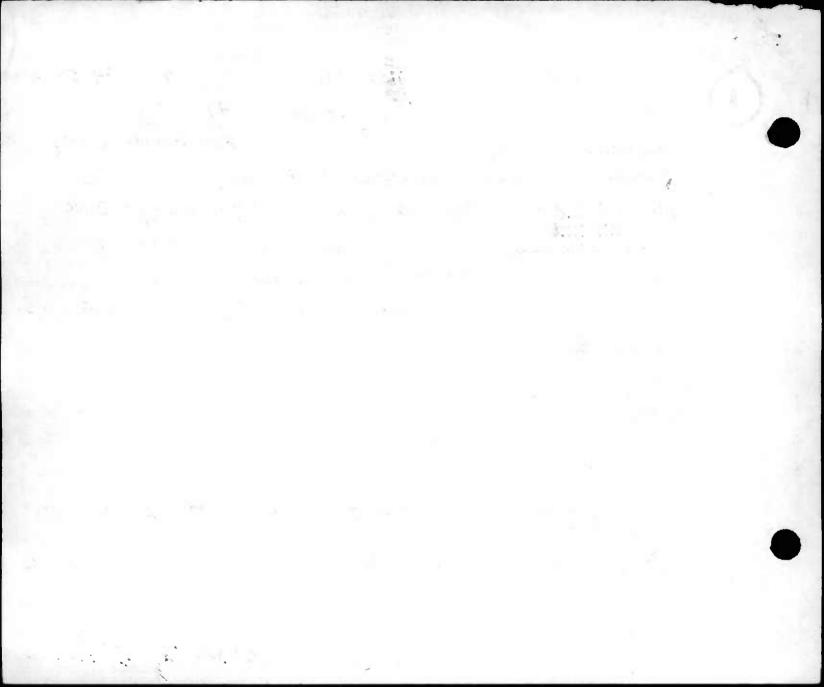
(VRA 15, 4)

FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

		F	E	G		NO.
7.5	OF	25	-	71	7	

ILIANE		MIDDLE	1A	ST .	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Janet	C	Tide	swell		7 12	84	5:401
3. SEX	X 4	1	5. DATE OF		6 AGE (IN YEARS LAST BIR			IF UNDER 24
	Female	White	MONTH	20 34	49	YRS	HS DAYS	HOURS
	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIED	X NEVER MARRIED	9 BALTIMORE CITY C			L.
В	Baltimore.Md	USA	WIDOWED		Anne 1	Arunde	1 Cou	nty
		1. NAME OF HOSPITAL, NURSING		ROTHER INSTITUTION	120 USUAL OCCUPAT		26 KIND OF	BUSINESS
-	nnapolis	Anne Arunde	1 Ger	recalHospital	Attorney	JY WORKING (IFE)	La	W
13a S	AL RESIDENCE (IF NURSING HOME OR OF STATE 136, COUNT)	Y 13c CITY OR TOWN	1	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIPCODE	2140 Dri	
	THER'S NAME			15. MOTHER'S MAIDEN NAM	ΛE	Will Jan		
۱ "		DDLE LAST		FIRST	MIDDIE	eidenham	LAST	
Ián V	Chomas C. Dougher	T.V ED FORCES? 166 SOCIAL SECUR	ITY NO	Minna 17. INFORMANT	ADDRI		miei.	
		1227 4 0 0 0 4 14		II. IN CIONALLI				
L n	10	219-30-6	2(11/	Norman W. Tid	leswell	# 13		
	18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and	(C).	/	- 4		BETWEEN O	NATE INTERVA
	PART I. DEATH WAS CAUSED IMMEDIATE		MA	OF KUI	Va		6 M	own
z	PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE.  (c)  NOTIONS CONTERUTING TO DE	EATH BUT N		NALDISEASE OR CON	DITION GIVEN I		
CATION	IN DATE OF OPERATION	196 CONDITION FOR WHICH O	MOITARISM	WAS PERFORMED	THE MUNICIPALITY			
IRCAT			PERATION	866-E-1011/65-101116-10	YES NO	IN CERTIFYING	G CAUSES (	
CERTIFICAT	21s. ACCIDING WAS UNDERSTOND.	21h TIME OF INJURY	omiroses.	THE HOW INJURY OCCURR	YES NO	IN CERTIFYING	G CAUSES (	OF DEATH
CERTIFICAT	25s account was understond.	21s TIME OF INJURY HOUR A.M. MONTH DAT P.M. 21s. PLACE OF INJURY	Y YEAR	THE HOW INJURY OCCURR	YES NO NO NO NO PURE DE PURE DE PURE	IN CERTBYING YES [	G CAUSES (	OF DEATH
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CERTIFICAT	21s. ACCOPNT WAS UNDERTYING  OR CONTRIBUTING  OF CONTRIBU	21h TIME OF INJURY HOUR A.M. MONTH DAY JIM. PLACE OF INJURY JATHOME, SHEET, FACTORY, OFFICE, FAR Dottendard, the deceased from 19	Y YEAR 10	THE HOW INJURY OCCURR	YES NO NO NO NO PURE DE PURE DE PURE	IN CERTIFYING YES [	G CAUSES (	of DEATH NO []
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CERTIFICAT	21s. ACCOPNI WAS UNDERTRING ON CONTENUTING CAUSE OF DEATH 19 FINES, NOTEY MEDICAL BEAMMERS. 21st INJURY OCCURRED  WHAT AND WHAT STORY 27s.1 certify that (II) This barging 27s.1 certify that (II) This barging 20s.1 (Cycs) (did.) 554 not.	21h TIME OF INJURY HOUR A.M. MONTH DAY JIM. PLACE OF INJURY JATHOME, SHEET, FACTORY, OFFICE, FAR Dottendard, the deceased from 19	Y YEAR 19 HM. ETC.)	THE HOW INJURY OCCURR  THE LOCATION SOMET 19 STREET  I that in (my lawr) abunion d	VES NOCE  Traite variet or ever  city on to  to  PDICAL STA	IN CERTIFYING YES [  IN THE IS SAFT I  THE IN THE IN SAFT I  THE IN THE INTERIOR	G CAUSES (	of A
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FOR STATE REGISTRAR

or, page 3 after death

njury, or other troumatic event

18 shows any

IMPORTANT: If them 21 is morked at Iller

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physhold be detached for use as the burnel transit permit. Then please remove containing with the State Dept. of Health and Windle Hypsies processed burnel, cremation, or remain

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

# STATE OF MARYLAND DEPARTME

NT	OF HEALTH	AND MENTAL HYGIE	NE O
CE	RTIFICATE	OF DEATH	

EDT REG. NO.

1. DECEASED NAME FIRST	WIDDLE		iST .	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUI	R		
(TYPE OR PRINT)	)RE T	OMASZ!	EWSKI	JULY	21,	1984	1045	PM		
3 SEX Male	4. RACE White	5 DATE O		6 AGE (INYEARS LAST	BIRTHDAY) YRS	MONTHS DAYS	IF UNDER	24 HRS MIN.		
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWE(	NEVER MARRIED DIORCED	ANNE A	- I ANNE ARINDIEI EDINIY					
GLEN BURNIE	NORTH ARUNDEL	HOSPI			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Rigger Coast Guard					
USUAL RESIDENCE (IF NURSING HOME O 130 STATE 13b. COU Md. A	MIY DECITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	438 Carve	s/zipcode el Beac	h Road	212	26		
14 FATHER'S NAME Michael	Tomaszewsl		15 MOTHER'S MAIDEN I Martha	WIDDIE		Unk				
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212-09-72		Blanche A.		oress San	me as 1	3e			
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING [	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO 1  196 CONDITION FOR WHICH	DEATH BUT I	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	20b. IF YE	VEN IN PART 1	NGS USED			
OR CONTROLOGISTING CALLER OF DE	HOUR A.M. MONTH DA	AY YEAR	21ε. HOW INJURY OCC	YES NO	] YE	ES 🗌	NO [			
LIF EITHER, NOTHY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	51	TATE		
	mal) ottended the deceased from  19 at) view the body after death.  SRPP(VT)  BATY, M.D.	8 . bn		MEDICAL S	TAFF SICIAN D ROAD,	22c DATE	SIGNED	7		
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	-/-/-		METERY OR CREMATOR	Y 23d LOCATION		COUNTY		TATE		

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchies Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Davidson-Randall

ALTANOO PELISTE BODY and the long of boat was

GLEN HURNE - MORTH ATUNDEL HOSPITAL

HARRY COURSELY, M.D.

Maria book need level of the way

Ale-O-N. Manche M. Commandall ONN-O-SIN

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CEITA ENENTE, MARVILAND 21061

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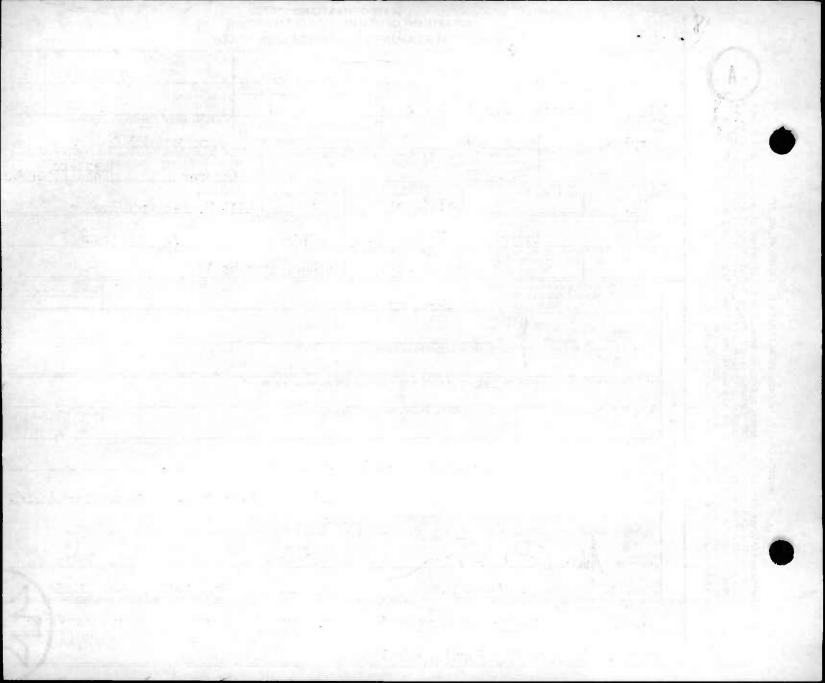
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE.

20M 4/82



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpopers Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

injury, ar other traumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows any

## STATE OF MARYLAND FOR DEP

ARTMENT	OF	HEAL	Н	AND	MENTAL	HYGIENE
CE	RTI	FICA	TE	OF	DEATH	

	REGISTRAR	CERTIFICATE OF DEATH  REG. NO.													
	CEASED NAME	FIRST	N	NDDLE	17	AST	20. DATE		MONTH	DAY YE	AR	2b HOUR			
{ TYPE	OR PRINT)	Julia	,		Tr	ocik			7	20 8	34	1:15A M			
1: 5E	X	4	RACE		5. DATE O	F BIRTH	6. AGE	IN YEARS LAST BIRTH	HDAY	IF UNDER I		IF UNDER 24 HRS			
	Female		White	9	WONTH	°9′ 190°b		84	YRS.	MONTHS	DAYS	HOURS MIN,			
	RTHPLACE   STATE OR F	OREIGN 7	CITIZEN OF V	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIN	AORE CITY OR		Y OF DEAT	Н				
Pennsylvania U.S.A.					WIDOWE		7	Anne A	Arund	lel	l MD.				
	TY OR TOWN OF DEA				ING HOME O	R OTHER INSTITUTION		AL OCCUPATIO				F BUSINESS OR			
	ltimore		ammonds	FACILITY, GIVE STRE	ursing	Center	Hous	ewife	WORKING I			Maker			
USU, 13a. S	AL RESIDENCE HE NURS	ING HOME OF O		13c. CITY OR TO		13d INSIDE SITY LIMITS?	13e STREE	T ADDRESS /	ZIP COD	E /					
	md		=====	- 1 -1	0.	YES NO	37		3 S.	7.	21	225			
4. F.A	THER'S NAME					15. MOTHER'S MAIDEN N									
	John		DDIE	Zenu	colo	Mary		MIDDLE			U	nk			
	VAS DECEASED EVER			166 SOCIAL SEC	CURITY NO.	17, INFORMANT		IPPPF1	thicu	ım. Mo	8	59-8423			
1	YES, NO OR UNKNOWN)	{IF YES, GIVE	WAR OR DATES)	214-01-	5508	Andrew J. T	rocik	704 E.							
	18. CAUSE OF DEATH	H (Enter only	one couse per	line for Jo), (b), c	and (c)	1. ~		1 11		BETY	PROXI	MATE INTERVAL ONSET AND DEATH			
	PART I, DEATH W	AS CAUSED IMMEDIATE	- 11	robab	le Co	indiac d	YST	hythu	nic	1					
		MUNEOIATE		AS A CONSEQ	LIENCE OF	c - 1	11	13			_	140000			
	Canditions, if any,	which	(6)	1/Ter	1050	erolic 1	rear y	215	005	P   50	U.	years			
	gove rise to imn		DUE TO OF	AC A CONICEO	LIENCE OF			1							
	underlying couse			sen ero		d Other	0 SC	leros	2-12						
	PART 2 OTHER SIGN	NIFICANT CO			DEATH BUT	NOT RELATED TO THE TER	RMINAL DISE.	ASE OR COND	ITION GI	VEN IN PA	RT lic	0			
O	Car	cin	2 mg	0	d 1=	Sladder									
CAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AL	JTOPSY?		S, WERE F		NGS USED OF DEATH?			
CERTIFICATION							YES [	) NO[]		ES 🗌	JOLO	NO []			
CES	21a. ACCIDENT WAS UND		216. TIME OF	FINJURY M. MONTH	DAY VEAD	21c HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJURY	IN ITEM IB	PARI I OR PA	₹T 2}				
AL	OR CONTRIBUTING C		P./		19										
WEDICAL	21d. INJURY OCCURE	RED	21e PLACE C			211 LOCATION		(ITY OR TOW	VN.	OUN	ſΥ	STATE			
*	WHILE NOT WHE	INE D	AT HOME STR	EET, FACTORY OFFICE	E FARM EIC )	SINCE		CIT ON TO	,						
	220.1 certify that (I)	(this hone)	l) attended the	deceased from	70-	n 95	6 10_	7/	7/_	, 19_6	<u>Z</u> .	that (I) (we) last			
	saw the decease above, (I) (we) (c	ed alive on_	view the body	after death.	84 V , on	d that in (my) our opinio	on death occu	rred on the dot	te and ho	ivi and fibr	n the	causes stated			
	226 SIGNATURE					DEGREE				27t. (	DATE	SIGNED			
	Color	ul C	(all	u	M	ATTENDING PHYSICIAN	MEDICA	AL STAFF DR PHYSICI	AN 🗌	1	1/2	0/84			
	22d PHYSICIAN'S NA	AME (TYPE OR	PRINT	1-		22e ADDRESS		+ 1		2 /	1	1			
	(CO/U10	1 (	la.	rter		4100 Per	nning	lon M	16 1	Ball	0,	Ma,			
	BURIAL, CREMATION,		23b DATE			EMETERY OR CREMATOR		CATION		COUNTY-		STATE .			
	(SPECIFY) Buria.	L	7/23/8	14	ноту С	ross Cemeter	У	Baltimo	re	A.A		Md			

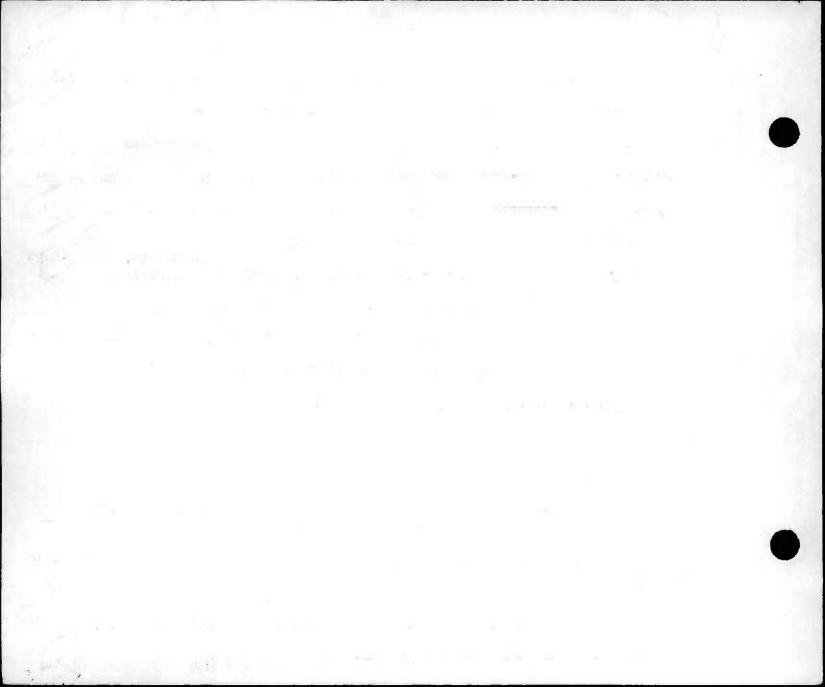
DHAH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physiciar

George J. Gonce 4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 24 1884 Fichia Davidson Randore



death. Page 4 may by

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IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carban papers. Powith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

offending physicion.

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in any injury, ar other traumotic event.

IMPORTANT If Hem 21 is mork don them Both

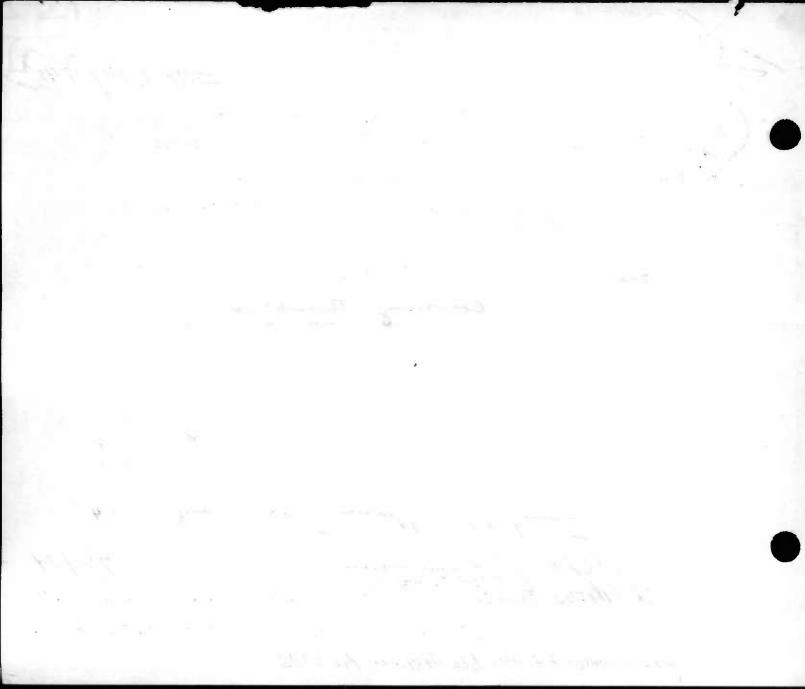
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.			
DATE O	F DEATH	MONTH	VAC	YEAR	26 HOL
	Til	14	611	984	7:4

-1		REGISTRAR						REG. NO	t.			
1		CEASED NAME FIRST OR PRINT)	A	MIDOLE	(	AST		20 DATE OF DEATH	MONTH 0	AY YEAR	26 HOU	RA
				ntonio		roiano		Jul	7 61	1187	7.7	M
i	3 SEX		4 RACE	- A	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER	24 HRS MIN.
4	1	Male		ite	Apr	26	1925	59	YRS.			
A		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER A	AARRIED 🗆	9. BALTIMORE CITY OF		OF DEATH		
4		Washington, DC	1		WIDOWE		VORCED 🗌	Anne Arun				MD.
4		TY OR TOWN OF DEATH nnapolis	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVESTREET Arundel	ADDRESS)	OR OTHER INST	ITUTION	IZE USUAL OCCUPATE ITYPE OF WORK FOR MOST OF President		126. KIND O INDUSTRY Tile 8	F BUSINE	SS OR
4	1	*		GIVE RESIDENCE BEFORE	AUMISSIONI						· IICI	010
Ź	Ma:	ryland   136 COL	Anne	List City or Tow Edgewater	N	13d. INSIDE C		136 Rivers	ZIP CODE ide Di	rive	2103	7
1	14 FA	THER'S NAME Antonio	WIDDLE	Troiar	20		SMAIDEN NAM Anna	WIDDLE		DeLuc	1	
4	14a 34	VAS DECEASED EVER IN U.S. A	DATED FORCESS	166. SOCIAL SECU		17. INFORMA		ADDRE	25	рецио	a	
İ		ES. NO OR UNKNOWN) (IE YES C	WE WAR OR DATES)	579-16-5		***		wife-(same		2)		
ı	-	1-3					LOLUMO	wile (bame	43 130	V APPROXI	MATE INTER	EVAI
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	line for 101, (b), one	d (c).)	The	mbe	mi		BETWEEN	ONSET AND	DEATH
1		IMMEDIA	ATE CAUSE (o)		8	7-70				+		
-		Conditions, if ony, which		R AS A CONSEQUE	ENCE OF							
1		gove rise to immediate couse (o), stoting the	(b)									
1		underlying couse lost	DUE TO, OF	R AS A CONSEQUE	ENCE OF							
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CONE	ITION GIVE	N IN PART 10	0	
	0											
K	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	WERE FINDINGS USED ING CAUSES OF DEATH?		D TH2	
А	E I							YES NOW		NO [		
3		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110 4	FINJURY M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 7)		
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	AIN		19							
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	ARM, ETC.)	211 LOCATION	N	CITY OR TO	/N	COUNTY	5	TATE
i	•	AT WORK AT WORK					-			= 41		
1		220 1 certify that (I) (shis-hou	7/1	e deceased from_	e. 1L	and .	19 23	- to geny		,	that (h (s	
ı		sow the deceased alive a obove, (I) (see idda) (did n	n (at) view the body	tter deoth.	,		(our) opinion a	leath occurred on the do	re and hour			oled
2		22b. SIGNATURE	X	7		DEGREE	TTENDING	MEDICAL STAF	F	276 DATE	SIGNED	:11
Д		22d. PHYSICIAN'S NAME (TYPE		peri)	-2	22e ADDRES	PHYSICIAN [	DIRECTOR PHYSIC	AN 🗌	1/0	0/0	7_
		no Arton	Ali	red J. St	ıraçi M.I	3			• •	/01 ***	1	D.C
4	07.	DK. MERKEUJ.	SUKAC	/	14145			reet N.W. S	ulte	401, Wa	ısn.	DC
		SURIAL, CREMATION, REMOVA		1		EMETERY OR		CITY OF TOWN	Des	COUNTY		HATE
	74 FI	Burial JNERAL DIREGTOR	Daily 9	, 1984 FC	ort Li	rucotu	Lemeter	y Brentwood REC'D. BY REGISTRAR	rr.	George	anda	d.
	11.	NAME //	H 11806	1/51/2/00/1/5 A	PSHIRE	- 4	CHALL	L 1 0 1984	Tuna V	moldon	Lucia	
- 1	MIL	ves/44/7/10///	11 1:000	NEW MAN	TUTTLE	1118 -	11-11-15		/			

DHMH - 16 50M 4/83 (VRA 15, 4)



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FOR  STATE REGISTRAR			DEPARTN	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG		- NO	1 9	6 U EDT
I. DECEASED NAME	IRST	A	MIDDLE	· L	AST		20 DATE OF DEA	G. NO. TH MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT)	JTH	AI	DELENE	V	ANCE		JULY	9. 1984	<b>.</b>	1:35 P
3. SEX		RACE		5 DATE C			6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER I YEAR	
Female		White		7	DAY	21	63	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FORE	iGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	CY NEVED	MARRIED -	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
Ohio		U.S.		WIDOWE		NORCED	ANNE A	ARUNDEL	COUNTY	M
11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL				ADDRESS)		NOITUTITE	120 USUAL OCCU	NOST OF WORKING L		OF BUSINESS OR
SUAL RESIDENCE (IF NURSING 136 Md.	COUNTY	HER INSTITUTION,	GIVE RESIDENCE BEFORE  13 CITY OR TOWN  GIEN BURY	ADMISSION)	13d. INSIDE (	CITY LIMITS?	13 STREET ADDR 5 ROOSE	ress 4 zip cod velt Av	e.	21061
Harry FIRST	MID	DIE	Derr			'S MAIDEN NA	ME	Die	Haggar	'd
160 WAS DECEASED EVER IN I			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	A	DDRESS		
(YES, NOOR UNKNOWN) (II	FYES, GIVE W	(AR OR DATES)	287-14-1	1708	Mr.	George	Vance -	Same as	#13	
18. CAUSE OF DEATH (E PART I. DEATH WAS	CAUSEĎ E MEDIATE (	CAUSE (a)	netas to Conseque	413	Canco	MA	of brea	xF	APPRO) BETWEEN	Minay of the
	iote the lost	DUE TO, OI	r as a conseque	NCE OF						
PART 2. OTHER SIGNIF	CANT COI	nditions <u>cc</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART 1	fo"

19g DATE OF OPERATION

21d INJURY OCCURRED

226 SIGNATU

24 FUNERAL DIRECTOR

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

220 I certify that (1) (this haspital) attended the deceased from

saw the deceased alive on above, (1) (we) (did) (did not) view the bady after death.

SANG C. DOH, M.D.

CERTIFICATI

MEDICAL

21b. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. YEAR MONTH DAY

AT HOME STREET FACTORY, OFFICE FARM ETC.)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY CITY OR TOWN

STATE

NO [

and that in (my) (aur) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED DEGREE

20a AUTOPSY?

NO

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

95 AQUAHART ROAD GLEN BURNIE, MARYLAND 21061

230. BURIAL, CREMATION, REMOVAL Remova 1

7/9/84

23c NAME OF CEMETERY OR CREMATORY

77e ADDRESS

23d LOCATION CITY OR TOWN

COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR:

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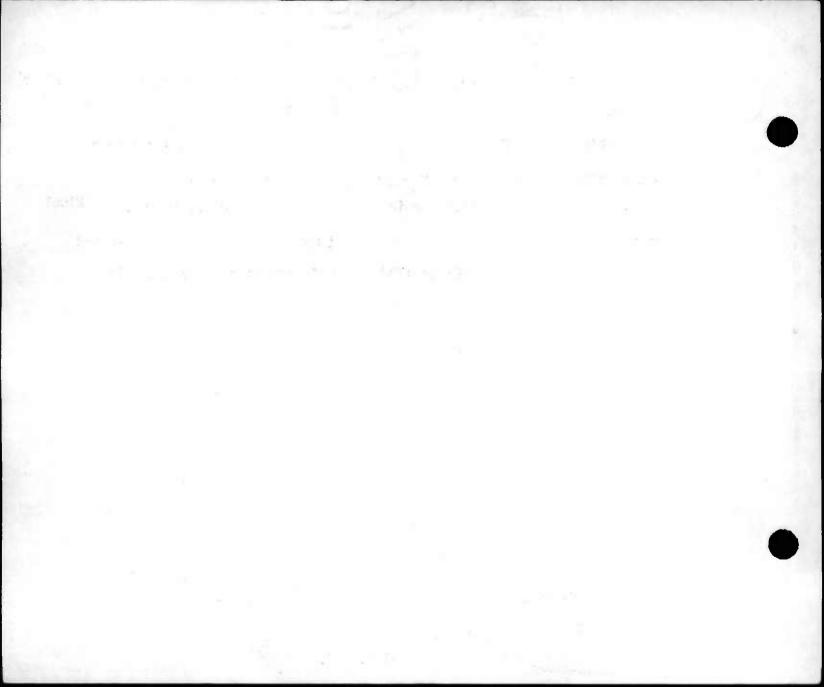
MPORTANT

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Anatomy Board

Balto., Md.



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HARDEW /	FO	REIGN COUNTRY)				NEVER MAI	RRIED 🔲	_		
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A S S E H S		,	-					, and in my	opinion	
EXAMINEI CERTIFICA JUD BE FO DIRECTOR		death resulted from: Natur	ol couses	Accident L., Si	vicide,	Hamicide	· Undetermined man	ier [_],		
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PA P	13	URIAL, CREMATION, REMOVAL 2	36 DATE	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION	C	OUNTY ST	TATE
BP	1	Burial	July 31,19	984 Glen H	aven M	em. Park	Glen Burn	nie A	A M	
DHMH - 17	24. F	JNERAL DIRECTOR					E REC'D. 8Y REGISTRAR	756 REGISTRAR	S SIGNATURED	
(VR A15 ME (5))	J	ames S. Kirkley	, Glen Bui	rnie, MD		Terre	3 0 1984 4	Mar Dankaga	In Market	1
2004 4/82						- AUL	0 - 00 1 4			

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injury, or other traumotic event, the

Item 18 shows any

MPORTANT: If Item 21 is marked or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remave cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar

## STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARTM		ICATE OF DEATH		. NO					
	CEASED NAME	FIRST		AIDDLE	l.	AST	20 DATE OF DEATH	HTMOM H		YEAR	2b HOL	JR	
(IIPE	OR PRINT)	Rober	t	Joseph	Wa	gner		7	14	198	4	M	
3. SE	X	4	RACE		S. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	1 YEAR	IF UNDER	24 HRS	
1	Male		White	9	MONTH	30 1918	66	TRO		DAYS	HOURS	MIN	
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	en Burni			OSPITAL, NURSIN HFACULTY, GIVE STREET UILIOP d		OR OTHER INSTITUTION	120 USUAL OCCUP	ATION ST OF WORKING	LIFE) 12b.	VSPA Nev:	f BUSING	ESS OR	
usu 13a Ma	al residence (IF NO STATE ryland	IS COUNT HNNE	Arunc	13 CITYMR TOW	ADMISSION)	13d INSIDE CITY LIMITS?	136 STREET ADDRE	lfor	d Rd	5	100	6/	
14. E/	ATHER'S NAME	AAII	DDLE	LAST		15. MOTHER'S MAIDEN NA				1.44			
	Charl		N.	Wagner		Mäggie	9			C	rabl	os	
	WAS DECEASED EVE	R IN U.S. ARM		16b SOCIAL SECU	RITY NO.	17 INFORMANT		PR SO WI	n, M	d.	2178	37	
,	Yes	WW I	I	213-18	-982	4 Louise E	Bare 464	E. Ba	alt.	St			
	Canditions, if or gave rise to income (a), storiunderlying cou	IMMEDIATE  by, which  mediate  bing the  se last	CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)	Cardio RAS A CONSEQUE RAS A CONSEQUE	NCE OF	PITO FED TO THE TERM	CON 88 T	ONDITION	SIVEN IN P	PART 1/c			
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  SEVEN Chy. Obst Line chocase vento cular and the months of the condition of th												
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	21a. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED [ENTER NATURE OF	NJURY IN ITEM 1	B, PART I OR I	PART 2)			
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				19		, 19 id that in (my) (aur) apinian	deoth accurred an th	e date ond h		om the o	causes sta		
	22b. SIGNATUR			de	- M	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN	226	7/	16	84	
	B. KHF		ELW	AL M.E	).	7422 Ba	eto-Ann	apolis	Blue	さい	mie	2100	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

230, BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 24 FUNERAL DIRECTOR

7-17-84

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Park Memetery

Smallwood

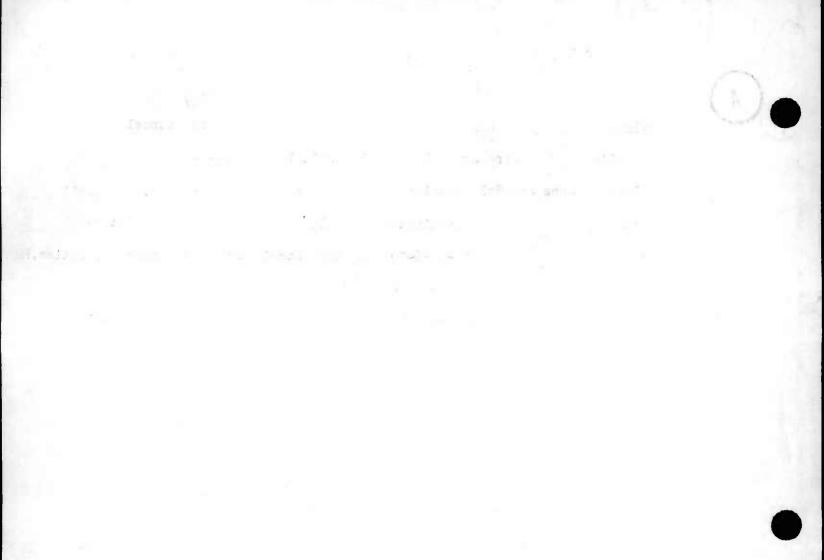
Carroll

Md.

750, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Dogs Fletcher & | st Main Street

1	1-	FOR STATE REGISTRAR () / +v	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	179	6 4
y be describ		CEASED NAME FIRST OR PRINT)	7 L, U	Ashi		2a DATE OF DEATH MOR	-30-84	5 30 PM
	3. SE	m	4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
35	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	WIDOW		9. BALTIMORE CITY OR C	rundel	MD.
See the tr		Annapolis	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE  Anne Arundel	Gener		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  Farmer		BUSINESS OR
Alled in could be	13a S	aryland Anne	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE  JOTY  Arunde  Lothia	VN	YES NO X	13e.STREET ADDRESS / ZII 5232 Sands		711
ompletely ond 2 y		THER'S NAME FIRST John	MIDDLE LAST		15. MOTHER'S MAIDEN NAME FIRST	WIDDLE	Peters	
be execu on and co s. Pages e medica		VAS DECEASED EVER IN U.S. A res, no or unknown) { IF yes, G	RMED FORCES? 166 SOCIAL SEC 216-34-0		Barbara Wash	ington 5232	Sands Rd. I	
rtificate g physics on paper emovol.		PART I. DEATH WAS CAUS	anly one couse per line for (a), (b), a SED BY: ATE CAUSE (a)	1AC	Arment		APPROXIM BETWEEN OF	MATE INTERVAL NSET AND DEATH
againes that the death ce agained by the ottending then please remove corb to burial, cremation, arr lury, ar ather troumotic	z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	inal disease or conditi	107	
An hos been a premit The same prior in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		Db. IF YES, WERE FINDING CAUSES (	
SICIAN: 1 ag physics certificate rial-trans ental-trans	₹	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EAIH	AY YEAR		RED (ENTER NATURE OF INJURY IN	HITEM 18 PART I OR PART ?)	
NG PHR attenda the this on the bu	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE,		ZII LOCATION STREET	Acres CITY OR TOWN	COUNTY	STATE
ATTENDI opinal or CTOR A of Heal		saw the deceased alive o above, (I) (we) (did) (did n	pital) attended the deceased frame	<u> </u>	nd that in (my) (our) apinian	death accurred an the date	and hour and from the c	
by the hover the horse detached state Depth AANT, it here		226 SIGNATURE	Bre		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE S	IGNED
D HOSPITA Trained by O FUNER Thould be d weget an		77d PHYSICIAN'S NAME (TYPE	BIERN		22e ADDRESS			
BP		URIAL, CREMATION, REMOVA SPECIFY) <b>Burial</b>			Chapel Chr. Ce		nne Arundel	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		encer E. Sewel	1 Box 31, Princ	e Fred		E REC'D. BY REGISTRAR 256		Pandalles



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by the attending physician and coase remave carbonpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

FOR - STATE

REGISTRAR

emale

1. DECEASED NAME

(TYPE OR PRINT)

COUNTRY)

Manyland

14 FATHER'S NAME

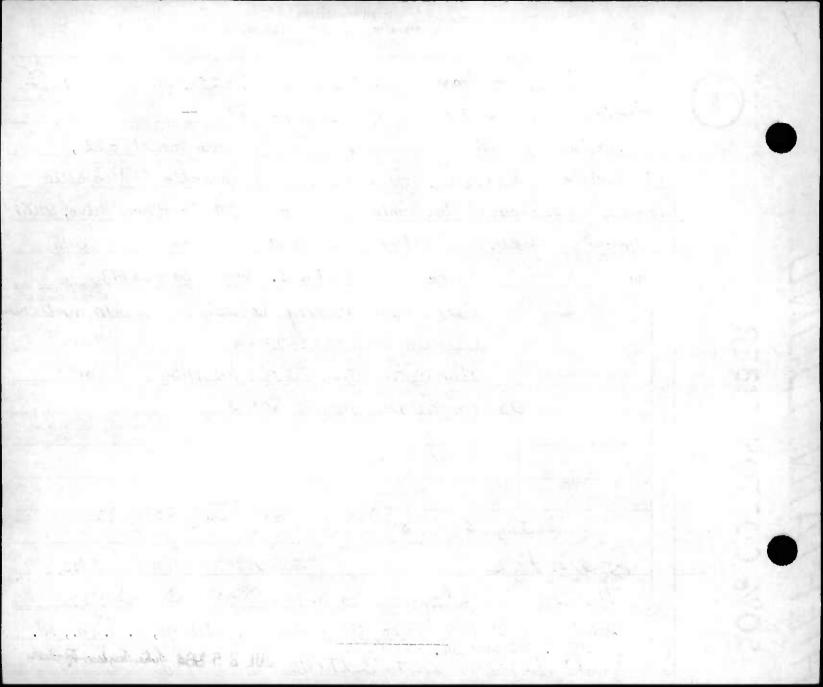
3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH DAY YEAR 26 HOUR Neoma 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH DAY MONTHS DAYS HOURS 70 hite 0 14 YRS 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVERMARRIED Anne Anundel Maryland ounty. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Domestic (TYPE OF WORK FOR MOST OF WORKING LIFE) Millersville GIVE RESIDENCE BEFORE ADMISSION)
130. CITY OR TOWN
L. GLEN DURNIE 7010 (<u>nesthaven Drive</u>, 21061 Anne Anunde 130 YES T NO 🔀 IS MOTHER'S MAIDEN NAME

Conditions, gove rise couse in underlying  PART 2 OTHE  196 DATE OF 6  216. ACCIDENT OR CONTRIBUTION	DWN) [IF YES, GIVE I	none couse per line for (a), (b) BY CAUSE (a) OR AS A CONSE	Candical Can	nolyn L.	Sugg Sar	me as #13	OXIMATE INTERVAL EN ONSET AND DEATH					
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sow the	220. I certify that (f) (this hospital) attended the deceased from											
22b. SIGNATU	98, +	SOL	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F	15 SIGNED /23/87					
22d. PHYSICIA	N'S NAME (TYPE OR	- Kapla	) 120 A	address whe ? co	18ECK	of Bount	0					
230. BURIAL, CREMA (SPECIFY)  Bur	ation, REMOVAL	7/26/1984 (	edar Hill	(emetery			o., Md.					
MC NAME	TO237 E. 1	atapsco Alekss	MELRAL	250. DAT	JL 2 5 1984	256 REGISTRAR'S SIGN.	ATURE And DE					

DHMH - 16 50M 1/76 (VR A 15 (4))

BP



STATE OF MARYLAND											
MENT OF HEALT	H AND	MENTAL	HYGIENE								

DEPART CERTIFICATE OF DEATH

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58	1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B 4	1/9	0 0
		CEASED NAME LINE	IN MODELE	Y	hite	20 DATE OF DEATH N	7 19 84	10 PM
	1.5E	FEMALE 1	BLACK	1 DATE O	26 "29	A AGE (IN YEARS LAST BURN	YRS BUNDER FYEAR	PUNDER ZEHRS.
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	Al	NNAPOLIS	ANNE ARUNDEL GE	MERAL	HOSPITAL	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
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medical	160 V	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECU	IRITY NO.	ALLEN WHITE	Annaport 107 Severn		03
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olini kna swoi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
ed or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED  WHILE NOT WHILE	IH .	AY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY		STATE
m 21 is mork		220 I certify the (I) this haspit	ol) offended the deceased from	9/1	nd that in (my) (aur) apinian a	deoth occurred an the dat		that (We) lost e couses stated
MPORTANT: If Item		224 PHYSICIAN'S NAME (TYPE OF	Coliny	/	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF	FIAN 7	120/84
IMPO		BURIAL, CREMATION, REMOVAL (SPECIES)			51 FRANK EMETERY OR CREMATORY IN MEM. PARK	23d LOCATION Annapolis	NAPOUS  A.A. M	aryland

DHMH - 16 50M 4/B3 (VRA 15, 4)

WILLTAM REESE & SONS MORTUARY, P.A.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within It with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deat

retained by the haspital or attending physician.

BP.

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with a 24 hours after death. Pretained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compare the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages and Thinuld be filed within 72 has	with the State Dept of Health and Mental Hygiene prior ta burial, crematian, or removal.	IMPORTANT: If hem 21 is marked on Item 18 shows any injury or other traumatic event the medical examiner must be notified of once.
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	2	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MEN CICATE OF DEA	TAL HYG	IENE 3	REG. NO.	3	7 9	6 / EST
e ωξ			CEASED NAME OR PRINT)	FIRST		DDLE		LAST		20. DATE OF D	EATH MO	NIH D		26 HOUR
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age		7- D	Female	0.000.001	Caucasi		Janu	ary 7, 19	904	9 BALTIMOR	E CITY OR C	YRS	OF DE ATH	
th.	of ance		country)	OWEIGN	USA	HAI COUNTRY:	MARRIE	D NEVER MARI		4.5.5	E ARU		COUNT	Y MI
6 0 5	notified	10 C	TY OR TOWN OF DEA		11. NAME OF HO IF NOT INSUCH	OSPITAL, NURSIN FACILITY, GIVE STREET ARUNDEL		TAL	TION	12a USUAL OF HOMES	OR MOST OF W			
24 hour	er must be	Ma:	AL RESIDENCE IN NURS STATE Cyland	136 COUN		ve residence before 3c. CITY OR TOW Odento	'N	46-		13e STREET AL 1240 A	DRESS / Z	P CODE	oad	21113
An dis	mine.	14. E	THER'S NAME FIRST	,	AIDDLE	LAST		15. MOTHER'S MA		WE	MIDDLE			LAST
	e x o		John		J.	Wein		Anna			4000500		Froh	
oe exection and or	medical		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		WAR OR DATES)	66 SOCIAL SECU 419-03-2		Shirley	A. C	arley	1240 A	nnap on, M	olis aryla	Road nd 2111
requires that the death certificate een signed by the attending physic it. Then please remove carbon pape for ta burial, cremarian, ar removal	injury, ar other traumatic event,	NOI	Conditions, if any gove rise to imm cause (a), static underlying cause	which nediate ig the last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	ENCE OF	NOT RELATED TO	THE TERM	INAL DISEASE	OR CONDIT	ION GIVE	N IN PART	110
an. has be perm	ows any	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFORME	D	YES [	SY? 2	Ob. IF YES, V CERTIFY YES	ING CAUSI	DINGS USED ES OF DEATH? NO [
UG PHYSICIAN TI attending physici ter this certificate is the burial-transit and Mental Hygi	arked or Item 18 sh	MEDICAL CER	71a. ACCIDENT WAS UNI OR CONTRIBUTING UFFEITHER NOTIFY MEDI 71a INJURY OCCUR WHILE NOTIFY AT WORK AT WORK AT WORK	CAUSE OF DEA	P.M.	MONTH DA	19	21f LOCATION STREET	Y OCCURR	RED (ENTERNATE	RE OF INJURY IN	VITEM 18 PAI	COUNTY	STATE
ADIN or aff	E S		22a L certify that (1)	(this hospit		deceased fram_	6	12	9 8 4	to	115	1	989	, that (If (we) last
TTEP Spitol CTOF for i	21		sow the decease above, (I) (We) (c	ed alive and	Aview the body o	fter depth.	24.0	nd that in (my) (buc	1-opinion o	death accurred	on the date	and hour	and from th	ne couses stated
	H Hea		226. SIGNATURE	21/	www	لم		DEGREE ATTER	NDING SICIAN I	MEDICAL DIRECTOR	STAFF	NП	22c DAT	TE SIGNED
a m e o	MPORTANT		27d PHYSICIAN'S NA					22e ADDRESS	742	2 BALTI	MORE-A	ANNAP		BOULEVAR
TO HOS retained TO FUN should b	<u> </u>	22-	ROBERT		MPNICK.	M.D.	LAME OF C	GLEN EMETERY OR CREA		IF MAR	YLAND	210	61	
BP	_		SURIAL, CREMATION, SPECIFY)  Cremation		736. DATE  July 10	5.1984 M	etron	olitan Cr		CITYO	exandr	ia.	COUNTY Fairf	ex. VA
DHMH - 16 50M 4/	/83	24 F	NERAL DIRECTOR	al Hor	1600	Annapo Maryl	lis R	oad	25a DATI	E REC'D. BY RE	GISTRAR 256	REGISTR	AR'S SIGN	ATURE
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National and allegana office of the contract and allegana

Note: new rate .'s mid-

Deed national Call to Lorday A. Spott of Company Court and State Court of C

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remayol.

IMPORTANT: If them 21 is morked at Item 18 shows ony injury, at other traumatic event, the medical ex

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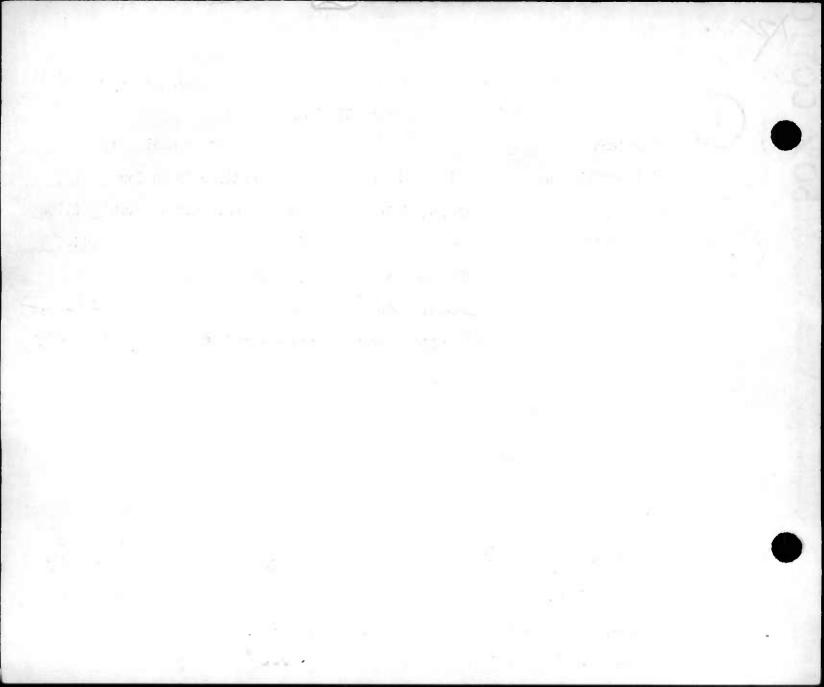
FOR

## DEPA

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE	8	4.3	1	1	7	0	
CERTIFICATE OF DEATH		REG. NO.					

١.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	A	NIDDLE	(	AST	26 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
(TYPE	E OR PRINT!	James	Τ.		Wood		Ju	ly 1, 1	984	11:15 <sub>M</sub>
3. SE	х		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male		White		July	DATE TO THE	68	YRS		HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C			
	Maryland		USA		WIDOWE	D DIVORCED		undel Co		MD.
	ITY OR TOWN OF DEA		(IF NOT IN SUCI	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPAT	OF WORKING LIFE) IN	NDUSTRY	OF BUSINESS OR
	Millersvill		831			d	Retired C	rown Cdr	k & S	Seal
13a :	STATE	13b COUN	ITY	13c. CITY OR TOW	/N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		01100
	Maryland ATHER'S NAME	AA	1	Millers	ville	YES NO X		vaton Ro	ad	21108
14.77	Charles	,	MIDDLE	Wood		Sadie	WIDDLE		Mari	tin
	WAS DECEASED EVER			16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS	riar	CIII
	YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	212-09-	3376	Helen N. Woo	od. Same as	13		
	IL CAUSE OF DEATH	H (Enter on	ly one couse per			.1 .12			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		D BY: E CAUSE (¤)	Brain	me	Mastases			2	1/2 mo
			DUE TO, OF	AS A CONSEOU	ENCE OF		- 1		10	)
	Conditions, if any,		(b)	Cancer	s lu	eng - Squami	us cell		10	mo
	gave rise to imm cause (a), statin	g the	DUE TO, OF	R AS A CONSEOU	ENCE OF	0				
	underlying cause	lost.	(c)							
z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN (	V PART 10	D
CERTIFICATION	19a DATE OF OPERAT	IAON	TIBL CONIDI	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	DE EINIDIA	NGS LISED
5	DATE OF OPERAL	1014	170. CONDI	HON FOR WHICH	OFERATIO	WAS FERI ORMED		IN CERTIFYING		OF DEATH?
ERT	21g. ACCIDENT WAS UND	ERLYING	1 21b. TIME O	F INJURY		21c. HOW INJURY OCCUR	YES NO	YES T	OR PART 2)	но 🗌
	OR CONTRIBUTING	AUSE OF DEA	TH HOUR A./	M. MONTH D			(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,			
MEDICAL	(IF EITHER NOTIFY MEDIC 21d, INJURY OCCURR		21e PLACE (	OF INJURY	19	211 LOCATION				
A.	WHILE NOT WH	ME 🔲	(AT HOME, STR	EET, FACTORY, OFFICE, I	FARM ETC )	STREET	CITY OR TO	)WN (	OUNTY	STATE
	220.1 certify that (I)		tal) attended the	deceased from_			, to	. 19	,	that (I) (we) last
	saw the decease	d alive on,	i view the body	ofter death.	- 01	nd that in (my) (aur) apinion	death accurred on the d	ote and hour and	I Irom the	couses stated
	224 SIGNATURE	1 1	. C. VI	7	- 1	DEGREE		- 1	22c. DATE	SIGNED
	COMMO	es a	1 W D B	Mur	N	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	7-2	-84
1	224 PHYSICIAN'S NA	ME (TYPE O	PRHII			ADDRESS				
	Corneli	a M.	Dettmer	, M.D.		1277 Green	Holly Drive	e, Annap	olis.	, MD
23a 6	BURIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNIY	STATE
	Burial		July 5	, 84 G	len Ha	aven Mem. Parl			AA	MD
24 F	UNERAL DIRECTOR	V 2 1 .	1 01	ADDRESS.	. MD	250. DA	E REC'D. BY REGISTRAR	250 REGISTRAR	SSIGNAT	anders.
	James S.	KIRK	rey, Gl	en Burni	e, MU	100	L 0 1304	7		

DHMH - 16 50M 4/83 (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 24 DATE OF DEATH MONTH DECEASED NAME 7b. HOUR LTYPE OR PRINTS 07, 1984 FRANCIS WRIGHT .ПП.У 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX FEB. 26 . 1896 \*88\* MALE WHITE 70. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARINDEL COUNTY ENGLAND WIDOWED Q CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ELEC. ENGINEER GLEN BURNLE USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
133. COUNTY
112. CITY OR TOWN. 13e STREET ADDRESS / ZIP CODE 2662 APRIL DAWN WAY 21059 136 COUNTY GAMBRILLS ANNE MARYLAND 15. MOTHER'S MAIDEN NAME ELISE JENSEN MIDDLE JOSEPH WRIGHT ADDRESS 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Mrs. Cornelia Wright 2662 129-03-3170 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOTE 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LE EITHER NOTIFY MEDIC ALEXAMINERS P.M 21d. INJURY OCCURRED ? I e. PLACE OF INJURY 211 LOCATION ò CITY OF TOWN COUNTY STATE LAT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive on\_obove, (I) (we) (did) (did not) view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE outh the State D FUNERAL DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS BURNIE, MARYLAND 21061 FRED T. KAHN, M.D.

DHMH - 16 50M 4/83 (VRA 15, 4)

Ambrase Funeral Hame 1328 Sulphur

230 BURIAL, CREMATION, REMOVAL

BURTAL

7/11/84

23¢ NAME OF CEMETERY OR CREMATORY Loudon Park Cemet.

23d. LOCATION

Baltimore City Maryland

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME FIRST 20 DATE OF DEATH MONTH DAY 26 HOUR [TYPE OR PRINT) ROLAND ZELLER JULY Irvin IF UNDER TYEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH DAY 24, 1922 Male . White 61 Aug YRS TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY Maryland U.S.A. WIDOWED 12h, KIND OF BUSINESS OR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN PURNTE Alco-Grevure Pressman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 21061 7982 Crownsway Maryland Anne Arundel Glen Burnie YES [ NO X 14) FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 LAST MIDDLE MIDDLE Matthews Zeller, Sr. Louise Frank ADDRESS MR WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Pages. (IF YES, GIVE WAR OR DATES) Rita J. Zeller Same as 13 214.14.5877 (Wife) W.W. II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: 6 months IMMEDIATE CAUSE ID other traumatic endir e corl ö DUE TO, OR AS A CONSEQUENCE OF emotion, Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 0 50 a. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 مّ CERTIFICATION 0 prior 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? has YES NO sho col-transit certificate Hyg 21c. HOW INJURY OCCURRED { ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 5 Ö COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE AL WORK 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

Dept

should be deta with the State [

Burial 24 FUNERAL DIRECTOR

224. PHYSICIAN'S NAME (TYPE OR PRINT)

PHILIP H. KONITS, M.D.

Singleton Funeral Home, Glen Burnie, MD

226 SIGNATURE

230. BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY Jul. 31,1984 Glen Haven Mem Park

DEGREE

22e ADDRESS

23d LOCATION Glen Burnie

MEDICAL

BALTIMORE, MARYLAND

PHYSICIAN DIRECTOR PHYSICIAN

A.A.

STAIL MD

22c DATE SIGNED

REGISTRAR 256 REGISTRAR'S SIGNATURE

STAFF

airdson gandale

